

Case Number:	CM13-0060683		
Date Assigned:	12/30/2013	Date of Injury:	09/13/2011
Decision Date:	04/03/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer . He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old female with a date of injury of 09/13/2011. The listed diagnoses per [REDACTED] dated 11/06/2013 are: (1) Lumbar disk displacement without myelopathy, (2) Degenerative lumbar disk disease, (3) Sciatica, (4) Cervical disk displacement without myelopathy, (5) Unspecified major depression, (6) Headache tension. According to report dated 11/06/2013, the patient presents with low back pain and neck pain. The patient states she has pain in her neck and parascapular region that radiates into her right arm with numbness and tingling in her hands. It was noted that the patient is having increased neck pain with right upper extremity symptoms with subjective complaints of numbness and tingling in her arm and hands. The provider requests an EMG (electromyogram)/NCV (nerve conduction velocity) of the upper extremities bilaterally to rule out any nerve compression.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NCV Bilateral Upper Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cervical & Thoracic Spine Disorders (ACOEM Practice Guidelines), Section on Diagnostic Investigation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The patient presents with low back and neck back pain. The provider is requesting an EMG/NCV (electromyogram)/(nerve conduction velocity). In a Utilization review dated 11/13/2013 denies request stating, "Examination does not contain any neurological assessment." The ACOEM Guidelines states, "when the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG (electromyogram) and NCV (nerve conduction velocity) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than 3 to 4 weeks." Review of reports dated 02/27/2013 to 11/06/2013 do not document that the patient has had any prior EMG or NCV exams. In this case, the symptoms have lasted longer than 3 to 4 weeks, and the patient continues with "radiating pain into her arm with numbness and tingling". Further investigation is warranted at this time and recommendation is for approval.