

Case Number:	CM13-0067834		
Date Assigned:	06/11/2014	Date of Injury:	07/02/2012
Decision Date:	07/14/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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 expert 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 injured worker is a 54 year old male who reported an injury to his cervical region on 7/02/12. The MRI of the cervical spine dated 11/29/12 revealed no significant interval changes from the previous studies. Post-surgical changes were identified at C5-6 and C6-7. No disc bulges or protrusions were identified. The clinical note dated 04/18/13 indicates the injured worker complaining of neck pain with radiation of pain into the left trapezius as well as into the left index finger. Moving the neck exacerbated the injured worker's pain level and caused spasms in the trapezius. The clinical note dated 06/24/13 indicates the injured worker having complaints of tenderness throughout the cervical spine. The injured worker was able to demonstrate 30 degrees of cervical flexion and 30 degrees of extension with 60 degrees of bilateral rotation. The clinical note dated 07/10/13 indicates the injured worker had been doing well following the anterior cervical discectomy and fusion (ACDF) until the summer of 2012 when the injured worker noted pain and stiffness in the left lower extremity as well as the left upper extremity. There is an indication the injured worker also underwent physical therapy without significant benefit. The injured worker rated the pain as 3-9/10. Previous treatments included a medial branch block on the left at C3, C4, and C5 in June of 2013. Radiofrequency lesioning was also recommended. Range of motion limitations were identified throughout the cervical region, specifically with left lateral rotation which is limited to 30 degrees. The clinical note dated 08/14/13 indicates the injured worker complaining of left upper extremity pain and stiffness with cramping. The injured worker continued with 3-9/10 pain. The note indicates the injured worker utilizing Zanaflex, Norco, and Flexeril. The operative report dated 08/19/13 indicates the injured worker undergoing a radiofrequency lesioning on the left at C3, C4, and C5. The utilization review dated 11/22/13 resulted in a denial for electrodiagnostic (EMG/NCV)

studies as no information had been submitted confirming the injured worker's neurologic deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG, NCV OF C-SPINE, ORIGINAL REQUEST PER 4/18/2013 FORM, QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

Decision rationale: The request for an EMG/NCV study of the cervical spine is not medically necessary. The documentation indicates the injured worker complaining of cervical region pain with radiation of pain into the left trapezius region. Electrodiagnostic studies are indicated for injured workers who have continued neurologic deficits following a full course of conservative therapy. No information was submitted regarding the injured worker's ongoing neurologic deficits to include strength, reflex, or sensation deficits in the appropriate distributions. Given this factor, this request is not indicated as medically necessary.