

Case Number:	CM13-0072017		
Date Assigned:	01/08/2014	Date of Injury:	03/04/2008
Decision Date:	04/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 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 patient is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 4, 2008. Thus far, the patient has been treated with the following: Analgesic medications; earlier artificial disk replacements at C5-C6 and C6-C7; MRI imaging of the cervical spine of November 1, 2013, reportedly notable for no unusual findings and findings associated with the earlier artificial disk replacement procedures; and extensive periods of time off of work. A progress note of January 28, 2013, handwritten, is notable for comments that the applicant is off of work as of that point. In a December 17, 2013 Utilization Review Report, the claims administrator denied a request of electrodiagnostic testing of the bilateral upper extremities, citing non-MTUS-ODG Guidelines although the MTUS does address the topics at hand. The applicant's attorney subsequently appealed. In a letter dated December 2, 2013, the attending provider writes that the patient is having worsening neck pain and pain radiating distally, to the arms. The attending provider states that he interprets the results of the MRI as demonstrating worsening of the cervical spine at the levels above the operation site. The patient does exhibit normal motor function, normal reflexes, and sensory function despite diffuse cervical spasm. Electrodiagnostic testing to delineate the degree and extent of the patient's pathology is sought, to help plan future treatment. The cervical MRI report of November 1, 2013 is reviewed and is notable for comments that the artificial disk obscures visualization of multiple levels and that there is mild progression of degenerative disk disease. It is stated that a definite source of the applicant's right sided cervical radicular pain has not been established through the MRI imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM/NERVE CONDUCTION STUDY (EMGA BILATERAL UPPER EXTREMITIES): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 AND 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, EMG testing is "recommended" to clarify diagnoses of suspected nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural steroid injection. Similarly, ACOEM notes in Chapter 8, page 178, that EMG and/or NCV testing may help identify subtle or focal neurologic dysfunction in applicants with neck or arm symptoms which persist beyond three to four weeks. In this case, the applicant has longstanding neck and bilateral upper extremity complaints. Earlier MRI imaging has not clearly delineated a source for the same. The applicant is status post artificial cervical disk placement. The artificial cervical disk placement is apparently obscuring the results of the MRI study in question. As noted by the attending provider, electrodiagnostic testing is indicated to clearly delineate the source of the applicant's symptoms, particularly since earlier MRI imaging has not been illuminating. Therefore, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.