

Case Number:	CM14-0002114		
Date Assigned:	01/24/2014	Date of Injury:	03/29/2008
Decision Date:	06/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery 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 records reflect that this 53-year-old individual was injured in March, 2008. The current diagnosis is a cervical disc herniation with radiculopathy. There are ongoing complaints of neck pain and bilateral shoulder pain. A shoulder surgical intervention has been completed. The progress notes indicate that there is a chronic pain diagnosis of a chronic pain management protocol had been suggested. The physical examination noted ongoing complaints of neck pain, a 50% decrease in cervical spine range of motion and no other neurologic findings are reported. A subsequent assessment noted muscle spasm in the cervical spine associate with a decrease in range of motion. No specific neurologic findings are reported. A previous MRI the cervical spine noted disc desiccation, Schmorl's nodes, degenerative endplate changes, and osteoarthritic findings. A repeat MRI completed in October, 2013 noted the similar degenerative changes. It is noted that electrodiagnostic studies were completed in February, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: When considering the reported mechanism of injury, the most current physical examination findings and taking into account the more multiple level degenerative changes identified on MRI; there is no clinical information presented to suggest a subtle focal neurologic dysfunction to warrant electrodiagnostic testing. It is also noted that electrodiagnostic studies were completed only several months prior. As such, based on a lack of a comprehensive clinical/neurologic physical examination reported, the request is not medically necessary or appropriate.

NERVE CONDUCTION VELOCITY (NCV) BILATERAL UPPER EXTREMITIES:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: When considering the reported mechanism of injury, the most current physical examination findings and taking into account the more multiple level degenerative changes identified on MRI; there is no clinical information presented to suggest a subtle focal neurologic dysfunction to warrant electrodiagnostic testing. As such, based on a lack of a comprehensive clinical/neurologic physical examination reported, the request is not medically necessary or appropriate.