

Case Number:	CM14-0007257		
Date Assigned:	02/12/2014	Date of Injury:	03/31/2008
Decision Date:	06/24/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/20/2014

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 record notes a 62-year-old individual with a date of injury of March 2008. The mechanism of injury reported was a fall while assisting a client to the sink, when the client lost consciousness. A progress note from December 2013 is provided for review in support of the above noted request indicating that the claimant presents with persistent neck pain, worse with motion, cold weather, and repetitive activities in overhead reaching. Tingling is reported in the bilateral shoulders with weakness throughout the body. The neck pain is described as burning, and rated 8/10 on the VAS. Additionally a complaint of low back pain with radiation to the bilateral lower extremities, to the toes is noted. A burning sensation is reported with pain that increases with prolonged standing, sitting, twisting, walking and repetitive activities. The pain is accompanied with weakness and paresthesias in the thoracic spine, with a cramping sensation. The pain is rated 9/10 on the VAS. Additionally, right and left hip pain is reported as well as pain in the bilateral legs. Physical examination reveals a 5 foot 3 and tall individual weighing 172 pounds. Tenderness to palpation is noted and lower cervical spine at approximately C5 through C7. A negative Spurling's is reported. Range of motion is slightly decreased. Grip strength is reported to be 4 kg on the right and 8 kg on the left using Jamar dynamometer. Range of motion of the lumbar spine is decreased. Examination reveals tenderness to palpation in the left paravertebral lumbar spine. Positive camps and straight leg raise on the left is reported. Weakness is noted with pain in the right and left thigh resulting in some difficulty with gait. Range of motion of the bilateral hips is decreased. The diagnoses noted are cervicgia, lumbago, and lumbar radiculitis. The record indicates that the claimant has had some therapy for the neck and back, that felt like Aqua therapy was the most effective. An MRI study was provided approximately 3 months ago for the neck and back, which are not available for review. The treatment recommendation is for Aqua therapy for the neck and back as well as acupuncture

therapy for the neck and back. EMG and NCV studies of the bilateral lower extremities are requested. A prior encounter note from November 2013 indicates the treatment recommendation for bilateral upper and lower extremity EMG/NCV studies due to the radicular pain, and continued complaints. Additionally, an MRI of the cervical spine was recommended to rule out stenosis and disc pathology. The only objective documentation relative to the cervical, lumbar spine on the date of this encounter was a negative. An MRI of the lumbar spine was obtained on January 25, 2013 and demonstrates degenerative changes in the lumbar spine with no significant canal stenosis, lateral recess stenosis, or neuroforaminal narrowing at any level. Facet arthropathy at the L2-3, L3-4, and L4-5 level is noted. This request was previously reviewed with the decision for non-certification on December 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF THE BILATERAL UPPER AND LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The medical treatment guidelines support EMG/NCV studies in the clinical setting where MRI is equivocal with physical findings supporting a neurological compromise. The record provides no documentation indicating a progression of focal neurologic deficits, a worsening of symptoms, red flags or findings that indicate that MRI or CT findings are equivocal with ongoing signs and symptoms of a focal neurologic compromise. In the absence of documentation of the clinical presentation to substantiate the medical necessity of EMG/NCV studies that is supported by the guidelines, this request is not medically necessary.

NERVE CONDUCTION VELOCITY OF THE BILATERAL UPPER AND LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The medical treatment guidelines support EMG/NCV studies in the clinical setting where MRI is equivocal with physical findings supporting a neurological compromise. The record provides no documentation indicating a progression of focal neurologic deficits, a worsening of symptoms, red flags or findings that indicate that MRI or CT findings are equivocal with ongoing signs and symptoms of a focal neurologic compromise. In the absence of

documentation of the clinical presentation to substantiate the medical necessity of EMG/NCV studies that is supported by the guidelines, this request is not medically necessary.

ONE CERVICAL MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) ; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , CERVICAL AND THORACIC SPINE DISORDERS,

Decision rationale: The medical treatment guidelines support MRI imaging in select clinical settings of cervical pain syndromes with focal or progressive neurologic deficits. The guidelines do not support repeat imaging studies in the absence of a progressive neurologic deficit, or significant change in signs or symptoms. The record provides no documentation indicating significant change in signs, symptoms, or progressive neurologic deficit, and a MRI of the cervical spine was previously obtained. Based on the clinical information available, this request is not medically necessary.