

Case Number:	CM14-0100060		
Date Assigned:	09/23/2014	Date of Injury:	12/30/2013
Decision Date:	10/27/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/30/2014

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 Preventive 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 46 year old female who was injured at work on 12/ 30/2013 ; 06/ 25/2013 and 01/13/2014. The injured worker was discharged from care and released to regular duty 02/20/14. The injured worker is reported to have complained of pain in the neck and upper back. The physical examination revealed slight limitation in cervical range of motion, normal strength in the upper limbs. MRI of cervical spine dated 02/14/2014 revealed disc protrusion, posterior annular tear in the intervertebral disc of C5-C6 ; disc protrusion in C6-C7; and nonspecific straightening of the cervical spine. The injured worker has been diagnosed of Neck strain; Upper back strain. Treatments have included Acupuncture; Chiropractic care; Injections; Manipulations; Extracorporeal shockwave therapy; Neurostimulation therapy. At dispute is the request for Electromyogram (EMG) Cervical spine; and request for Nerve Conduction Velocity (NVC) Cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178- 186.

Decision rationale: The injured worker sustained a work related injury on 12/ 30/2013; 06/ 25/2013 and 01/13/2014. The medical records provided indicate the diagnosis of Cervical and Thoracic sprain/strain. Treatments have included Acupuncture; Chiropractic care; Injections; Manipulations; Extracoporal shockwave therapy; Neurostimulation therapy and medications including anti-inflammatory medications, muscle relaxants and Topical analgesics. The medical records provided for review do not indicate a medical necessity for Electromyogram (EMG) Cervical spine. Although the MTUS recommends Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, when the neurologic examination is less clear in cases of cervical injury, the documents provided indicate the injured worker was pain free and had normal examination on 02/20/14, as a result of which she was discharged from care on that date. Therefore, since there was no evidence of nerve dysfunction, the request is not medically necessary The MTUS does not recommend Electromyogram (EMG) Cervical spine in individuals with cervical injury without a evidence of nerve root dysfunction.

Nerve Conductive Velocity (NVC) Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178- 186.

Decision rationale: The injured worker sustained a work related injury on 12/ 30/2013; 06/ 25/2013 and 01/13/2014. The medical records provided indicate the diagnosis of Cervical and Thoracic sprain/strain. Treatments have included Acupuncture; Chiropractic care; Injections; Manipulations; Extracoporal shockwave therapy; Neurostimulation therapy and medications including anti-inflammatory medications, muscle relaxants and Topical analgesics. The medical records provided for review do not indicate a medical necessity for Nerve Conductive Velocity (NVC) Cervical spine. Although the MTUS recommends Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, when the neurologic examination is less clear in cases of cervical injury, the documents provided indicate the injured worker was pain free and had normal examination on 02/20/14, as a result of which she was discharged from care on that date. Therefore, since there was no documented evidence of nerve dysfunction the request is not medically necessary The MTUS does not recommend Nerve Conductive Velocity (NVC) of the Cervical spine in individuals with cervical injury without a evidence of nerve root dysfunction.