MAXIMUS Federal Services

Case Number:	CM14-0115341		
Date Assigned:	08/04/2014	Date of Injury:	10/18/2012
Decision Date:	10/01/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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 Emergency 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 21 year old female with a reported date of injury on 10/18/2012. The mechanism of injury was a slip forward impacting the face and mouth on a car door. The injured worker's diagnoses included cerebral concussion without loss of consciousness, headaches, cognitive and memory problems, severe dizziness, closed head injury with possible mild concussion, bilateral temporomandibular joint syndrome, labyrinth concussion, cervical sprain, and dizziness with negative audiometrics, cervicothoracic spine sprain/strain, and obesity. The injured worker's previous treatments included facet blocks, acupuncture, interferential therapy, medications, and a rhizotomy at C4-5 and C5-6 on the left side dated 02/24/2014. The injured worker's diagnostic testing included videonystagmography (VNG) on 12/04/2013; a CT scan of the cervical spine which revealed degenerative discogenic disease at C5-6 with a 2.8 mm broad based posterior focal disc/osteophyte complex; and a cervical MRI on 06/25/2013 which revealed a posterior disc/osteophyte complex at C5-6 measuring 3.68 mm touching the spinal cord with central stenosis measured at 9.02 mm, a 3 mm broad based posterior disc protrusion at C5-6 with moderate central canal stenosis and complete effacement of the anterior cerebrospinal fluid space and mass effect on the central spinal cord, and diffuse multilevel degenerative disc disease. There was no documentation of pertinent surgical history. The injured worker was evaluated on 03/25/2014 where she reported some improvement in her lower neck pain since the ablation on 02/24/2014. She continued to have pain in the upper part of her neck and complained of left sided posterior headaches. She reported that the pain interfered with her daily activity and sleep. Fioricet and ibuprofen did not help the pain. The clinician observed and reported paracervical muscle spasms, tenderness to the left side of the neck with the worst tenderness at C2-3 and C3-4 on the left side. Facet loading was positive for pain in the cervical region. The Spurling test was negative. The injured worker's medications included Norco 5 mg, Fioricet,

Prilosec, Motrin 600 mg, Ambien, and topical creams. The requests were for Electromyogram (EMG) Bilateral Upper Extremities and Nerve Conductive Velocity (NCV) Bilateral Upper Extremities. No rationale for the requested testing was provided. No request for authorization form was provided. The injured worker's medications included Norco 5 mg, Fioricet, Prilosec, Motrin 600 mg, Ambien, and topical creams. The requests were for Electromyogram (EMG) Bilateral Upper Extremities and Nerve Conductive Velocity (NCV) Bilateral Upper Extremities. No rationale for the requested testing was provided. No request for authorization form was provided.

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 8 Neck and Upper Back Complaints.

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

Decision rationale: The request for Electromyogram (EMG) Bilateral Upper Extremities is not medically necessary. The injured worker continued to have pain in the upper part of her neck and complained of left sided posterior headaches. The California MTUS/ACOEM guidelines state that EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. Electromyography is not recommended for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. Cervical electro-diagnostic studies are not necessary to demonstrate a cervical radiculopathy. The clinician's treatment plan was for a neuropsychiatric consult, continue medication and interferential therapy; there was no documented plan for surgery or epidural injection. The documentation provided did not indicate complaints by the injured worker of radiation of pain into the arm, chest, upper back or shoulders and no objective findings of weakness or decreased sensation were provided for review. Therefore, the request Electromyogram (EMG) Bilateral Upper Extremities is not medically necessary.

Nerve Conductive Velocity (NVC) Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG) Neck & upper back, Nerve conduction studies (NCS).

Decision rationale: The request for Nerve Conductive Velocity (NCV) Bilateral Upper Extremities is not medically necessary. The injured worker continued to have pain in the upper part of her neck and complained of left sided posterior headaches. The California

MTUS/ACOEM guidelines state Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The Official Disability Guidelines state NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. NCS may be recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. The documentation provided did not indicate findings in the upper extremities which were consistent with neuropathy. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request for Nerve Conductive Velocity (NCV) Bilateral Upper Extremities is not medically necessary.