

Case Number:	CM14-0118049		
Date Assigned:	08/06/2014	Date of Injury:	05/23/2007
Decision Date:	10/01/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 27 year old male with a reported date of injury on 05/23/2007. The mechanism of injury was a slip and fall. The injured worker's diagnoses included status post fusion of the lumbar spine with residuals, musculoligamentous strain of the lumbar and cervical spine, chronic pain, lumbar facet arthropathy, lumbar post laminectomy syndrome, lumbar radiculitis, lumbar spinal stenosis, left shoulder pain, and morbid obesity. The injured worker's past treatments included medications, a lumbar transforaminal epidural steroid injection (LESI) on 06/13/2014 and a home exercise program. The injured worker's diagnostic testing included a lumbar MRI on 11/29/2012. A cervical MRI on 11/29/2012 revealed posterior disc bulges of 4-5 mm both at C4-5 and C6-7, a 3-4 mm disc bulge at C7-T1 with central canal narrowing, mild to moderate neural foraminal narrowing on the right at C2-3, and mild neural foraminal narrowing on the right at C3-4 and C5-6 and on the left at C6-7 and C7-T1. The injured worker's surgical history included a laminectomy at L4-5. A focused examination on 06/11/2014 revealed bilateral upper extremity strength of 5/5 and upper extremity deep tendon reflexes of 2+ bilaterally. Decreased sensation was noted over the C6-7 dermatomes and compression and distraction tests were positive. On 07/09/2014 the injured worker was evaluated for neck and low back pain which he rated as 8/10 which was improved from 10/10 on 06/11/2014. He had a LESI on 06/13/2014. The cervical spine examination was observed and reported by the clinician as follows. There was tenderness to palpation over the paraspinal muscles with muscle spasms noted, palpable trigger points with positive twitch response to the mid-trapezius and mid-rhomboid regions, compression and distractions tests were positive, decreased sensation over the C6-C7 dermatomes, and decreased strength was with wrist flexion and extension and hand grip. The clinician's treatment plan is to refill medications and have the injured worker follow up with pain management. The injured worker's medications included Norco 10/325 mg three times per

day and Flexeril 10 mg twice per day. The request was for 1 EMG/NCS Bilateral Upper Extremities. No rationale was provided on the request for authorization. The request for authorization form was submitted on 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCS 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & upper back, Nerve conduction studies (NCS).

Decision rationale: The request for 1 EMG/NCS Bilateral Upper Extremities is not medically necessary. 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. The Official Disability Guidelines state there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The injured worker was noted to have neurologic deficit over the C6-7 dermatomes as well as positive compression and distraction tests and an MRI confirmed disc bulge at C6-7 with foraminal narrowing on the left. As there is documentation of obvious findings of radiculopathy on physical examination, cervical electrodiagnostic studies are not necessary. Therefore, the request for 1 EMG/NCS Bilateral Upper Extremities is not medically necessary.