

Case Number:	CM14-0120113		
Date Assigned:	08/06/2014	Date of Injury:	10/16/2013
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 10/16/2013. Mechanism of injury is reportedly from a motor vehicle collision. Patient has a diagnosis of cervical radiculopathy; cervical spine herniated disc at C4-5 and C6-7, cervical degenerative disc disease, L shoulder sprain, lumbar disc degenerative disc disease with stenosis to L3-4 and L5-S1, lumbar disc herniation at L5-S1 and at L3-4, lumbar radiculopathy and insomnia. Patient is post lumbar spine L4-5 fusion that occurred 10 years prior to current injury. The last report available report is dated 6/27/14. The patient complains of neck and low back pains only with prolonged walking or standing. Pain improves with rest and use of motrin. The patient reports occasional numbness to both arms and hands. Pain to low back is constant and radiates to both legs. There is some noted numbness and tingling in low back and legs. Objective exam reveals normal neck range of motion (ROM), Tenderness to L trapezius and spinous processes. The exams of bilateral upper extremities were normal with no tenderness, full ROM and negative Phalen's, Tinel's and normal neurological exam. Strength and reflexes of upper extremities were normal. Lumbar exam reveals healed scar with no spasms. Lumbar ROM was reportedly normal with positive L leg straight leg raise. Tenderness noted to lumbar paraspinal and L sacroiliac region with normal motor exam. There is normal neurological exam of lower extremities. Note on 6/27/14 indicates no neurological deficits but patient has persistent numbness and paresthesias. EMG/NCV was requested to "rule out radiculopathy". EMG/NCV was requested due to failure of acupuncture and to increase strength and to avoid surgery. MRI of cervical spine (12/8/13) reveals 2mm disc herniation at C3-4, C4-5 and C6-7. Some degenerative changes were noted such as, spinal stenosis to L3-4 and L5-S1 and lumbar disc herniation of 5mm to L3-4 and 3.5mm to L5-S1. No medication list was provided for review. Reports states that the patient has been on NSAIDs, vicodin and muscle relaxants in the past but it is not clear if any of these medications are still being taken. The

patient reported completing 12 sessions of physical therapy and acupuncture. Independent Medical Records show for Electromyography (EMG) of bilateral extremities, Electromyography (EMG) of bilateral lower extremities, Nerve Conduction Studies (NCS) of bilateral upper extremities and Nerve Conduction Studies (NCS) of bilateral lower extremities. Request also includes request for Physical Therapy 2 sessions per week over 6 weeks. Prior UR on 7/22/14 recommended non-certification. It modified request for physical therapy to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Electromyography (EMG) section.

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

Decision rationale: As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. The patient has not had any documented changes in neurological exam or complaints. In fact, several prior reports states that numbness was not present. Therefore, EMG is not medically necessary.

Electromyography (EMG) of the lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction to support EMG use. Therefore, this request is not medically necessary.

Nerve Conduction Studies (NCS) of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve Conduction Studies (NCS) section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 272.

Decision rationale: As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there is signs of median or ulnar nerve entrapment. The patient has not had any documented changes in neurological exam or complaints. The exam does not show any neurological deficits. Therefore, the NCV of bilateral upper extremity is not medically necessary.

Nerve Conduction Studies (NCS) of the lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there are signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. Therefore, NCV is not medically necessary.

Physical Therapy, 12 sessions (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines, physical therapy may be recommended due to good success rate. MTUS guidelines recommend fading frequency and home directed therapy. Patient has already reportedly completed 12 sessions of PT after the initial injury over 1 year ago. There is no report of response to those sessions. However, with patient's pain and symptoms, the patient may benefit from additional PT sessions. As per guidelines, it recommends up to 10 sessions. Therefore, the requested number of 12 sessions are not medically necessary.