

Case Number:	CM14-0120328		
Date Assigned:	08/06/2014	Date of Injury:	07/08/2011
Decision Date:	12/31/2014	UR Denial Date:	07/15/2014
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 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:

This 48 year-old patient sustained an injury on 7/8/11 from being rear-ended while employed by Intertribal Council. Request(s) under consideration include Electromyogram BUE and Nerve Conduction Studies BUE. Diagnoses include cervical radiculitis, degenerative disc disorder status post C5-6 anterior fusion in 2011 and remote history of L5-S1 discectomy in 1999. Conservative care has included medications, therapy, chiropractic care, heat/ice, and modified activities/rest. Report of 7/9/14 from the provider noted the patient continues with chronic ongoing symptom complaints to the neck and lower back. Exam of the neck showed tenderness and spasm at paraspinal, upper trapezius, scalenes, levator scapuli; limited range in all planes; DTRs 2+; normal strength; normal sensation bilaterally; normal shoulder joint ROM. Treatment included EMG/NCS BUE, Cervical and Lumbar CT Myelogram to determine MMI and P&S. The request(s) for Electromyogram BUE and Nerve Conduction Studies BUE were non-certified on 7/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram BUE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: There is neurosurgical consulting report of 4/5/14 noting patient with multiple previous diagnostic studies including prior electrodiagnostic studies that "show no evidence of significant neuropathy, radiculopathy, or plexopathy" per specialist. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for repeating the EMG has not been established. Submitted reports have not demonstrated any acute symptoms or clinical findings to suggest any cervical radiculopathy, only with continued chronic symptoms without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. Previous EMG had normal findings without progression of symptoms or clinical findings to support repeating the study. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The Electromyogram BUE is not medically necessary and appropriate.

Nerve Conduction Studies BUE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: There is neurosurgical consulting report of 4/5/14 noting patient with multiple previous diagnostic studies including prior electrodiagnostic studies that "show no evidence of significant neuropathy, radiculopathy, or plexopathy" per specialist. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, medical necessity for NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any entrapment syndrome, only with continued chronic symptoms without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. Previous NCV had normal findings without progression of symptoms or clinical findings to support repeating the study. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The Nerve Conduction Studies BUE is not medically necessary and appropriate.