MAXIMUS Federal Services

Case Number:	CM14-0131636		
Date Assigned:	08/20/2014	Date of Injury:	08/17/2013
Decision Date:	09/25/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/18/2014

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 Occupational 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:

Injured worker is a male with date of injury 8/17/2013. Per primary treating physician's progress report dated 7/15/2014, the injured worker complains of neck pain and stiffness with persistent numbness and tingling into right forearm, thumb, and index finger. His condition remains the same as last exam. His pain is rated at 4-5/10. His pain is moderate, frequent, sharp and numbing. On examination of the cervical spine, there is tenderness of paravertebral muscles and trapezius. Spurlings is positive with with radiation to right thumb and index finder (C6 nerve root). Flexion is 42 degrees, extension 50 degrees, right rotation 70 degrees, left rotation 72 degrees, right side bend 38 degrees, left side bend 40 degrees. There is decreased sensation in C6 nerve root on the right. Diagnoses include: cervica spine, trapezius signs and symptoms with right upper extremity radiculopathy, MRI 9/13/2013 3 mm right disc protrusion C5-6 with moderate right neural foraminal stenosis, 1 mm disc bulge C4-5 with mild bilateral nerual foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 07/18/2009. Decision based on Non-MTUS Citation Official Disability Guidelines; Section Neck and Upper Back (Acute & Chronic) (updated 05/30/2014).

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting morthan three or four weeks. The claims administrator reports that the physical examination did not specify positive findings consistent with entrapment syndrome such as Tine's or Phalen's sign or decrease in strength or distribution of sensorimotor deficit to substantiate the necessity for right upper extremity EMG/NCV testing. This reviewer disagree, as the requesting physician identified right upper extremity complaints and positive examination findings including Spurling's maneuver and decreased sensation in C6 nerve root distribution.The request for EMG Right upper extremity is determined to be medically necessary.

NCV Right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 07/18/2009. Decision based on Non-MTUS Citation Official Disability Guidelines; Section Neck and Upper Back (Acute & Chronic) (updated 05/30/2014).

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting morthan three or four weeks. The claims administrator reports that the physical examination did not specify positive findings consistent with entrapment syndrome such as Tine's or Phalen's sign or decrease in strength or distribution of sensorimotor deficit to substantiate the necessity for right upper extremity EMG/NCV testing. This reviewer disagree, as the requesting physician identified right upper extremity complaints and positive examination findings including Spurling's maneuver and decreased sensation in C6 nerve root distribution.The request for NCV Right upper extremity is determined to be medically necessary.

IF Unit (OS4): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 07/18/2009. Decision based on Non-MTUS Citation ODG; Section; Neck and Upper Back (Acute & Chronic) (Updated 05/30/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) section Page(s): 118-120.

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one month trial however, and the unit is not recommended for use without the trial and document evidence of benefit. Therefore the request is not medically necessary.