

Case Number:	CM14-0131875		
Date Assigned:	08/20/2014	Date of Injury:	08/02/2012
Decision Date:	10/09/2014	UR Denial Date:	08/08/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Texas & Ohio. 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 48-year-old male who reported injury on 08/02/2012. The mechanism of injury was noted to be a fall. The injured worker's treatment history included epidural steroid injections, medications and physical therapy. The injured worker was evaluated on 04/02/2014 and it is documented the injured worker complained of constant neck pain rated at 8/10 on the pain scale that radiated down to the lumbar spine. The objective physical examination findings included exquisite tenderness noted at the cervical paravertebrals and trapezius. The injured worker was wearing an orthoses in the ribcage area. Range of motion was somewhat restricted in flexion and extension. The injured worker had a CT scan of the cervical spine that noted multilevel annular bulges with right sided arthritic changes. Additionally, it was noted the injured worker has right sided neural foraminal stenosis, most likely some nerve root impingement. The medications included Flexeril, Norco, and amitriptyline. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Acute and Chronic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: CA MTUS/ACEOM do not recommend electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines recommend electromyography as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There was no mention of a home exercise regimen outcome. In addition, the injured worker had documented evidence per the physical examination done on 04/02 /2014 indicating nerve root impingement given the above, the request for electromyography (EMG) right upper extremity is not medically necessary.

Nerve Conduction Velocity Studies (NCS) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Acute and Chronic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines Neck & Upper Back, Nerve Conduction Studies.

Decision rationale: The Official Disability Guidelines does not recommend NCS studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, for more details on NCS, studies have not shown portable nerve conduction devices to be effective. Electromyography is recommended to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. There was documentation of objective neurological findings suggestive of cord or nerve root pathology. In addition, the outcome measurements of conservative care were not submitted for this review. Given the above, the request is not medically necessary.