

Case Number:	CM14-0165205		
Date Assigned:	11/05/2014	Date of Injury:	06/24/2014
Decision Date:	12/09/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/07/2014

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 Internal 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:

The injured worker (IW) is 53-year-old man with a date of injury of June 24, 2014. The IW sustained injury when he was struck by a steel tension cable knocking him to the ground. The IW reported back pain. The medical records were very limited. There are no medical records indicating the injured worker's initial examination findings or the type and amount of treatment, which was provided. Pursuant to the August 29, 2014 progress notes, the IW indicated that his treatments have helped him sleep but ongoing pain and weakness has caused him not to be able to work and decreased his activities of daily living. The documented diagnoses included: Cervical CADS injury, cervicothoracic subluxation, and cervical myospams. He reported a sensory deficit in the bilateral C5-C7 dermatomes bilaterally. Reflex testing and myotomal testing was not provided. The provider recommended an EMG/NCV of the bilateral upper extremities as well as a pain management consultant.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV cervical: 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 ODG, electromyography

MAXIMUS 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 (ODG); Neck Chapter, NCV/EMG

Decision rationale: Pursuant to the ACOEM Practice Guidelines and the Official Disability Guidelines, nerve conduction velocity studies and EMGs are not medically necessary. The guidelines indicate nerve conduction studies are not recommended; EMGs are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after one month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. EMGs and nerve conduction velocity studies may help identify subtle focal neurologic dysfunction in patients with neck or arms symptoms or both, lasting more than three or four weeks. In this case, the injured worker reported a neck injury with complaints of bilateral sensory loss. The diagnoses are cervical CADS injury, cervical thoracic subluxation, and cervical mild spasm. The documentation indicated sensory loss at C5 67 and positive grip loss and loss of motion in the cervical spine, however, a thorough neurological evaluation including reflex testing and motor testing was missing from the documentation. Consequently, based on the missing documentation in the medical record the NCV/EMG is not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, NCV/EMG is not medically necessary.