

Case Number:	CM14-0170572		
Date Assigned:	10/20/2014	Date of Injury:	11/29/2013
Decision Date:	12/03/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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:

Patient is a 42 year-old female with date of injury 11/29/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/11/2014, lists subjective complaints as pain in the neck and low back with radicular symptoms to all extremities. Patient has completed 12 session of physical therapy to date without much improvement. An MRI of the cervical spine performed on 03/27/2014 was notable for C3-C4 1-2mm posterior disc bulge, C5-C6 mild left and moderate right neural foraminal narrowing with bilateral exiting nerve root compromise, and C6-7 1-2mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. Objective findings: Examination of the cervical spine revealed spasm, tenderness, and guarding in the paravertebral musculature with decreased range of motion. Decreased sensation was noted over the C6 and L5 dermatomes bilaterally with pain. Spasming was noted in the right scapular region and trapezius muscles. No lumbar examination was documented. Diagnosis: 1. cervical radiculopathy 2. Shoulder impingement 3. Knee tend/burs 4. Lumbosacral radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and Nerve conduction velocity studies (NCV) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

Decision rationale: According to the Official Disability Guidelines, EMG's are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The Official Disability Guidelines also state that nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The medical record fails to document a sufficient examination which meets the above criteria for EMG. Electromyography (EMG) and Nerve conduction velocity studies (NCV) Bilateral Lower Extremities are not medically necessary.

Electromyography (EMG) and Nerve conduction velocity studies (NCV) Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Electromyography (EMG)

Decision rationale: The Official Disability Guidelines state that EMG can be recommended (needle, not surface) as an option in selected cases. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. The Official Disability Guidelines also state that there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Electromyography (EMG) and Nerve conduction velocity studies (NCV) Bilateral Upper Extremities are not medically necessary.

Twelve (12) physical therapy visits to the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort.

Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement and the patient stated that she has had very little improvement in therapy. Therefore, the twelve physical therapy visits to the cervical and lumbar spine are not medically necessary.