

Case Number:	CM14-0026590		
Date Assigned:	06/13/2014	Date of Injury:	11/02/2012
Decision Date:	07/22/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 43 year old male who reported an injury to his neck and thoracic spine following motor vehicle accident on 11/02/12. The therapy note dated 05/13/13 indicated the injured worker completing seven physical therapy sessions addressing the cervical complaints. The clinical note dated 01/08/14 indicated the injured worker utilizing gabapentin for ongoing pain relief. The injured worker rated the pain neck pain 7/10. The injured worker continued with positive Spurling sign. A clinical note dated 02/28/14 indicated the injured worker had returned to work with lifting restriction of no more than 20 pounds. Neck pain was identified with radiation into bilateral upper extremities to the hands. Intermittent numbness and tingling were identified in the digits of the hands. The injured worker stated that talking on the phone for greater than five minutes exacerbated his symptoms. Tingling was identified in the right upper extremity but not left. The injured worker rated the pain 7/10. The injured worker completed 12 physical therapy visits to date. Upon exam tenderness to palpation was identified in the cervical paraspinal musculature bilaterally. Range of motion was limited in the cervical spine including 30 degrees of flexion, 20 degrees of extension, and 20 degrees of bilateral lateral bending. The injured worker was identified as having positive Spurling sign on the right. Sensation was reduced in the right C8 dermatome compared to the left. MRI of the cervical spine revealed uncovertebral hypertrophy in conjunction with facet hypertrophy and ligamentum flavum laxity at C4-5, C5-6, and C6-7. The Utilization Review dated 02/04/14 resulted in a denial for electrodiagnostic studies bilateral upper extremities as no specific neurological deficits were provided in the clinical documentation submitted for review confirming radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

**NEEDLE (EMG)ELECTROMYOGRAPHY 2 EXT W/VO REL PARASP AREA UNITS
REQ 1: Overturned**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The request for needle (emg) electromyography 2 ext w/vo rel parasp area units is medically necessary. The clinical documentation indicates the injured worker complaining of neck pain. The injured worker had a positive Spurling's sign and findings consistent with radiculopathy manifested by sensation deficits. The injured worker has completed a full course of physical therapy. Given the significant clinical findings identified by exam and taking into account the injured worker also completed a course of physical therapy addressing cervical complaints, this request is Medically necessary.

**(NRV) NERVE CONDUCTION STUDY EA MOTOR W/F-WAVE UNITS REQ 4:
Overturned**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The request for nerve conduction study ea motor w/f-wave units is medically necessary. The clinical documentation indicates the injured worker complaining of neck pain. The injured worker had a positive Spurling's sign and findings consistent with radiculopathy manifested by sensation deficits. The injured worker has completed a full course of physical therapy. Given the significant clinical findings identified by exam and taking into account the injured worker also completed a course of physical therapy addressing cervical complaints, this request is medically necessary.

**(NRV) NERVE CONDUCTION STUDY EA NERVE SENSORY UNITS REQ 6:
Overturned**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The request for nerve conduction study ea nerve sensory units is medically necessary. The clinical documentation indicates the injured worker complaining of neck pain. The injured worker had a positive Spurling's sign and findings consistent with radiculopathy manifested by sensation deficits. The injured worker has completed a full course of physical therapy. Given the significant clinical findings identified by exam and taking into account the injured worker also completed a course of physical therapy addressing cervical complaints, this request is medically necessary.