

Case Number:	CM14-0032268		
Date Assigned:	06/20/2014	Date of Injury:	10/12/2011
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 and is licensed to practice in Nevada. 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 41-year-old gentleman who was reportedly injured on October 12, 2011. The mechanism of injury was noted as being struck by a rock injuring the head, neck and back. The most recent progress note, dated February 27, 2014, indicated that there were ongoing complaints of daily headaches, left hand numbness, lower extremity pain and lightheadedness. The physical examination demonstrated decreased sensation, positive disequilibrium and abnormal sleep findings. Diagnostic imaging studies objectified degenerative changes in the cervical and lumbar spine. Previous treatment included multiple medications, physical therapy and injections. A request had been made for electrodiagnostic testing and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Electrodiagnostic testing, to include H-reflex tests, may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory evoked potentials (SEPs), if spinal stenosis or spinal cord myelopathy is suspected. However, when noting the date of injury, the mechanism of injury and the findings on physical examination, there is no ETA presented to suggest that the cause of the changes at that had objectified. As such, there is insufficient clinical data to support this request and this is determined to be medically necessary.

NCS of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Electrodiagnostic testing, to include H-reflex tests, may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory evoked potentials (SEPs), if spinal stenosis or spinal cord myelopathy is suspected. However, when noting the date of injury, the mechanism of injury, the findings on physical examination, there is no ETA presented to suggest that the cause of the changes objectified. As such, there was insufficient clinical data to support this request, and this is determined to be medically necessary.