

Case Number:	CM14-0033393		
Date Assigned:	06/20/2014	Date of Injury:	06/06/2013
Decision Date:	07/23/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 62-year-old male who injured his back on 06/06/13. The mechanism of injury was not documented. Magnetic resonance image (MRI) of the cervical spine revealed diffuse loss of disc stature and disc signal; in addition, there is spinal stenosis and degenerative changes of facet joints; there is also myelomalacia involving the cervical cord at C3 through C6, a relatively new finding, which represents long-standing changes to the cervical cord; there were no recurrent disc herniations present. Treatment to date has included conservative management with physical therapy, non-steroidal anti-inflammatory drugs, etc. without success. The injured worker continued to report trace, sharp stabbing pain to the right shoulder blade, mainly with spasms and headaches that radiate to the occipital and in between the shoulder blades.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-MAP CERVICAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter, Surface EMG (electromyography).

Decision rationale: The request for compound muscle action potential (C-MAP) of the cervical spine is not medically necessary. Previous request was denied on the basis that the requested modality was not recommended for the diagnoses of neuromuscular disorders and not in any way to replace needle electromyogram (EMG), or the diagnosis of disorders of muscles and nerves. Surface EMG has been determined to be of little value in the diagnosis of neuromuscular disease or back pain. Given this, the request for C-MAP of the cervical spine is not indicated as medically necessary.

INTRA SCAPULAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for interscapular is not medically necessary. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the patient has completed to date and/or the patient's response to any previous conservative treatment. There was no information provided that would indicate the patient is actively participating in a home exercise program. Given the lack of documentation of failure of conservative treatment prior to the request for more invasive procedures such as injections and the clinical documentation submitted for review, the request for interscapular is not indicated as medically necessary.