MAXIMUS Federal Services

Case Number:	CM14-0035580		
Date Assigned:	06/23/2014	Date of Injury:	06/06/2013
Decision Date:	07/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 was involved in a motor vehicle accident on 06/06/13. He was rear-ended. Shortly after the accident, he developed pain between shoulder blades, and the angle of the neck, right greater than left. Over time, he continued to have pain in the back of the neck worse on the right side, going to the base of the skull and spreading to give him temporal headaches. It spread across the top of the right shoulder. He denied significant pain radiating below the right shoulder. The claimant denied any fixed numbness, focal weakness, and any myelopathy symptoms. Symptoms were aggravated by just about any increased activity. Prolonged sitting, keyboarding, moving his neck, working overhead, and activity in general made the pain worse. The claimant felt better limiting his activities and frequently changed positions and applied ice and heat. Treatment to date included anti-inflammatories, analgesics, muscle relaxants, and physical therapy. Pain severity was 3-9/10 on visual analog scale. Pain was described as a continuous aching pain with superimposed sharp stabbing pains located in the neck, right shoulder, right medial scapular border, occipital headaches. Magnetic resonance imaging of the cervical spine dated 08/08/13 C3-4 minor retrolisthesis associated with disc narrowing, desiccation, and posterior lateral spurring, which was eccentric to the right. Mild broad based disc bulging with 4-5mm posterolateral extension of disc osteophyte complex on right with moderate bilateral neural foraminal narrowing, right greater than left. There was also slight cord contact at this level but midline AP canal dimensions were within normal limits. C4-5 disc height was within normal limits with desiccation, mild posterolateral spurring eccentric to the right, but there was only approximately 2mm of posterolateral extension. There was no cord contact. C5-6 there was mild to moderate disc narrowing, disc desiccation, endplate irregularities, and marginal spurring. Broad based disc bulging and spurring predominate posterolaterally where there was a 4-5mm of posterolateral

extension of slight eccentricity to the right. There was narrowing of the ventral subarachnoid space and slight cord contact, but the midline anterior posterior (AP) canal dimensions were within normal limits at 10mm. C6-7 there was mild disc space narrowing, desiccation of broad based disc bulging predominate centrally, and slightly eccentrically to the left with maximum of 4mm of posterior extension of slight cord contact with a borderline AP canal dimension of 9.4mm. There was moderate left and mild to moderate right neural foraminal narrowing. There was an ill-defined intrinsic signal within the cervical cord, which were slightly patchy, but mainly linearly oriented, extend from C3 through C6, and were most consistent with myelomalacia. No cord expansion was evident and paraspinal soft tissues were unremarkable. Cervical x-rays showed disc degeneration or disc degenerative changes at C3-4 and C5-6. Physical examination revealed that the injured worker guarded with certain neck movements, neurological examination was negative. Range of motion cervical spine was 25% of normal range, pain with guarding. As extension, flexion was normal rotation to the left was 80% of normal range of motion secondary to pain lateral bending to the left was 80% of normal range of motion secondary to pain. Positive Spurling. Current medication includes Amlodipine 10mg. Metformin 500mg, Hydrochlorothiazide 25mg, Lisinopril 40mg, ibuprofen 800mg and Norco 5mg. Request was for compound muscle action potential cervical spine and thoracic spine. Handwritten note 12/03/13 "this will show the functional status of the patient and also sincerity of effort".

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Muscle Action Potential (CMAP) Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surface electromyography (SEMG).

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: Previous request was denied on the basis that the requested modality was not recommended for the diagnoses of neuromuscular disorders and not in anyway 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. Therefore, the request for compound Muscle Action Potential (CMAP) Thoracic is not medically necessary and appropriate.

Compound Muscle Action Potential (CMAP) Thoracic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surface electromyography (EMG).

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 (CMAP) of cervical spine is not nedically necessary. Previous request was denied on the basis that the requested modality was not recommended for the diagnoses of neuromuscular disorders and not in anyway 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. Therefore, the request for compound Muscle Action Potential (CMAP) Cervical is not medically necessary and appropriate.