

Case Number:	CM14-0047124		
Date Assigned:	07/02/2014	Date of Injury:	09/21/2007
Decision Date:	08/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 59-year-old male who reported an injury on 08/29/2009. The mechanism of injury was not stated. Current diagnoses include status post cervical radiofrequency nerve ablation, status post diagnostic facet joint medial branch block, bilateral lower cervical facet joint pain, bilateral upper cervical facet joint pain, cervical facet joint arthropathy, anterior cervical discectomy and fusion, and cervical sprain/strain. The latest physician progress submitted for this review is documented on 03/06/2014. The injured worker reported persistent cervical spine pain. The current medication regimen includes Skelaxin 800 mg, OxyContin 20 mg, Lyrica 100 mg, Prilosec 20 mg, Norco 10/325 mg, and Arthrotec 50 mg. It was noted that the injured worker underwent an anterior cervical discectomy and fusion in 10/2011. Physical examination on that date revealed positive cervical spasm, tenderness to palpation, limited cervical range of motion, positive cervical facet joint provocative maneuvers, and 5/5 motor strength. Treatment recommendations at that time included continuation of the current medication regimen. It was noted that the injured worker underwent electrodiagnostic studies of the bilateral upper extremities on 10/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268- 269. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Treatment Index, 12th Edition (Web), 2014, Forearm, Hand and Wrist Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There is no documentation of a recent attempt at conservative treatment prior to the request for a repeat electrodiagnostic study. There is also no documentation of a significant change or progression of symptoms or physical examination findings that would warrant the need for additional electrodiagnostic testing. As such, the request is not medically necessary.

Nerve Conduction Velocity (NCV) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268- 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (Web), 2014, Forearm, Hand and Wrist Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There is no documentation of a recent attempt at conservative treatment prior to the request for a repeat electrodiagnostic study. There is also no documentation of a significant change or progression of symptoms or physical examination findings that would warrant the need for additional electrodiagnostic testing. As such, the request is not medically necessary.