

Case Number:	CM14-0055251		
Date Assigned:	07/07/2014	Date of Injury:	07/18/2013
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a patient with a date of injury of July 18, 2013. A utilization review determination dated March 21, 2014 recommends noncertification for EMG/NCS of bilateral upper extremities and a pain management consultation. A utilization review determination dated March 21, 2014 recommends certification for a surgical consultation of the cervical spine. A progress report dated July 14, 2014 includes subjective complaints of ongoing headaches and mild neck pain. The patient underwent surgery on June 25, 2014. She has numbness and tingling in the left arm but states that her pain has improved. Physical examination identifies decreased sensation to light touch in the left arm and digits 3 through 5. There was weakness noted with left grip strength and with the left triceps. Diagnoses include cervicgia, cervical radiculopathy, cervical disc protrusion, and cervicogenic headaches. The treatment plan recommends continuing medications and request authorization for a TENS unit. Additionally, consideration is recommended for a cervical epidural steroid injection in the future. A progress report dated April 29, 2014 indicates that the patient has physical examination findings of loss of sensation in the C6 dermatome. A progress report dated April 24, 2014 includes a review of diagnostic studies with an MRI performed on August 30, 2013 demonstrating a C5-C6 herniated disc causing compression of her left C6 nerve root and an EMG/NCS performed on March 10, 2014 which shows right C7 chronic radiculopathy. The treatment plan recommends that due to the patient's upper extremity weakness and atrophy, surgical intervention must be performed and there is no role for physical therapy, interventional pain management, or other nonsurgical treatment. The best option is a C5-C6 total disk arthroplasty. A progress report dated March 13, 2014 indicates that the patient has been seen by a chiropractor who provided injections, prescribed medications, and therapy. Additionally, the patient has undergone 6 sessions of physical therapy. The patient has ongoing neck and left arm pain. Neurologic examination reveals 4/5 strength in the left biceps and

brachioradialis as well as decreased sensation to light touch in the left C6 distribution. The diagnoses include a left C5-C6 disc herniation with neurologic deficits. The treatment plan recommends a total disk arthroplasty. A progress report dated January 21, 2014 identifies subjective complaints including neck pain radiating into her left arm. Physical examination identifies decreased sensation to light touch throughout her left arm with 5/5 strength in the upper extremity. Diagnoses include cervical disc protrusion with radiculopathy. The treatment plan recommends referral to pain management, referral for a surgical evaluation, and EMG/nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG/NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, progress reports indicate that the patient's physical examination findings clearly identify decreased sensation in the C6 dermatome. This finding is corroborated by the MRI study which identifies a C5-C6 herniated disc. Guidelines do not support the use of the EMG/NCS when radiculopathy is obvious by physical examination findings. As such, the currently requested EMG/NCS is not medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs Page(s): 33.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for referral to pain management, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is

unclear why both pain management and spine surgery consultations are being requested concurrently. A spine surgery consultation was recommended for certification. It seems reasonable to proceed with the certified consultation prior to requesting additional consultations. Additionally, at the time of the surgical consultation, the patient's symptoms had proceeded rapidly. The January progress report noted normal strength, whereas the surgical consultation identified weakness and atrophy. This would support the need for urgent surgical intervention. The use of conservative treatment, via a pain management, would therefore not be indicated. As such, the currently requested pain management consultation is not medically necessary.