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| Case Number: | CM14-0056966 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 08/22/2006 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 04/11/2014 |
| Priority: | Standard | Application Received: | 04/28/2014 |

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 Anesthesiology, has a subspecialty certificate in Pain 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 57 year-old male who sustained injury to his neck and bilateral upper extremities on 08/22/06. Mechanism of injury was not documented. The majority of the injured worker's complaints are bilateral hip pain; however, the progress report dated 03/04/14 reported that the injured worker complained of constant neck pain with radiation to the bilateral upper extremities, right greater than left. Physical examination noted tenderness in the cervical, trapezius, and thoracic spine; Spurling's maneuver is positive; range of motion in the cervical spine is decreased; and there is decreased sensation along C6 and C7 dermatomes. The treating physician diagnosed the injured worker with cervical spine herniated nucleus pulposus and radiculitis. There were no physical therapy notes provided for review and there were no surgical records indicated. Previous diagnostic imaging reports were also not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, 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, Electromyography (EMG).

Decision rationale: The request for electromyography (EMG) of the right upper extremity is not medically necessary. The previous request was denied on the basis that the medical file documents cervical spine herniated nucleus pulposus with radiculitis without documentation of conservative treatment; therefore, the requested EMG could not be deemed as medically appropriate. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the patient had completed to date or the patient's response to any previous conservative treatment. The Official Disability Guidelines state that EMG findings may not be predictive of surgical outcome in cervical surgery and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. This is in stark contrast to the lumbar spine, where EMG findings have shown to be highly correlative with symptoms. Given this, the request for EMG of right upper extremity is not indicated as medically necessary.

EMG Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, 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, Electromyography (EMG).

Decision rationale: The request for EMG of the left upper extremity is not medically necessary. The previous request was denied on the basis that the medical file documents cervical spine herniated nucleus pulposus with radiculitis without documentation of conservative treatment; therefore, the requested EMG could not be deemed as medically appropriate. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the patient had completed to date or the patient's response to any previous conservative treatment. The Official Disability Guidelines state that EMG findings may not be predictive of surgical outcome in cervical surgery and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. This is in stark contrast to the lumbar spine, where EMG findings have shown to be highly correlative with symptoms. Given this, the request for EMG of left upper extremity is not indicated as medically necessary.