

Case Number:	CM14-0059622		
Date Assigned:	09/03/2014	Date of Injury:	09/14/2013
Decision Date:	10/24/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/30/2014

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 and Pain Medicine, and is licensed to practice in Florida. 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 31-year-old male with a reported injury on 09/14/2013. The mechanism of injury was that the injured worker was driving a tractor that lost its back tire, slid, and kept running. The injured worker's diagnoses included cervicothoracic sprain/strain, cervical segmental dysfunction, and thoracic segmental dysfunction. The injured worker's previous treatments included medications, acupuncture, physical therapy, and chiropractic care. No history of diagnostic testing was provided; however, an MRI was requested on 01/22/2014. No surgical history was provided. The injured worker was evaluated on 01/22/2014 for constant left sided pressure on his left neck and shoulder with difficulty sleeping. The injured worker denied tingling, weakness, or trouble with balance. The clinician observed and reported a focused cervical spine physical exam, noting tenderness in the left paraspinal and left trapezius area with marked muscle spasm. Full flexion and extension of the neck were performed. Left and right lateral rotation were limited. Spurling's maneuver was negative. No motor sensory deficits were noted in the upper extremities. The clinician also observed and reported a focused left shoulder physical examination, which revealed diffuse mild tenderness with full flexion at 160 degrees, abduction of 160 degrees, internal rotation was T12, and external rotation was 60 degrees. The clinician's plan was to request an MRI scan of the cervical spine, consider interventional pain management if positive, and consider further shoulder workup if negative. The injured worker's medications included an anti-inflammatory drug used as needed which did not help, along with a muscle relaxant, possibly Flexeril, which the injured worker also described as ineffective. The requests were for NCV left upper extremity, EMG left upper extremity, NCV right upper extremity, and EMG right upper extremity. No rationale for these requests was provided. The Request for Authorization Form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (Nerve Conduction Velocity) Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Neck and Upper Back Complaints Chapter

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 (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The request for NCV (Nerve Conduction Velocity) Left Upper Extremity is not medically necessary. The injured worker continued to complain of left sided pressure to his left neck and shoulder. The Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. The physical exam did not indicate any neurologic deficit such as decreased sensation in a dermatomal distribution, weakness, or decreased deep tendon reflexes, and the Spurling's sign was negative. The provided documentation did not indicate how results of the requested test would impact the treatment plan. Therefore, the request for NCV (Nerve Conduction Velocity) Left Upper Extremity is not medically necessary.

EMG (Electromyography) Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Neck and Upper Back Complaints Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The request for EMG (Electromyography) Left Upper Extremity is not medically necessary. The injured worker continued to complain of left sided pressure on his left neck and shoulder. The California MTUS/ACOEM Guidelines recommend electromyography for acute, subacute, and chronic cervical nerve root compression with radiculopathy. EMG is recommended to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural injection. The clinical examination did not document any neurological deficit such as decreased sensation in a dermatomal distribution, weakness, or decreased deep tendon reflexes, and the Spurling's test was negative. The provided documentation did not indicate how results of the requested test would impact the treatment plan. Therefore, the request for EMG (Electromyography) Left Upper Extremity is not medically necessary.

NCV (Nerve Conduction Velocity) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Neck and Upper Back Complaints Chapter

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 (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The request for NCV (Nerve Conduction Velocity) Right Upper Extremity is not medically necessary. The injured worker continued to complain of left sided pressure to his left neck and shoulder. The Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. The physical exam did not indicate any neurologic deficit such as decreased sensation in a dermatomal distribution, weakness, or decreased deep tendon reflexes, and the Spurling's sign was negative. The provided documentation did not indicate how results of the requested test would impact the treatment plan. Therefore, the request for NCV (Nerve Conduction Velocity) Right Upper Extremity is not medically necessary.

EMG (Electromyography) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Neck and Upper Back Complaints Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

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