MAXIMUS Federal Services

Case Number:	CM14-0061921		
Date Assigned:	07/16/2014	Date of Injury:	11/04/2013
Decision Date:	08/25/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/02/2014

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 certificate in Interventional Spine 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:

The patient is a 56 year-old male with an injury on 11/04/2013. Based on the 03/18/2014 progress report provided by [redacted], the diagnoses are: 1. Dizziness. 2. Headache. 3. Headache, post-traumatic, chronic. 4. Nausea. 5. Cervical myospasm. 6. Cervical pain. 7. Cervical radiculopathy. 8. Cervical sprain/ strain. 9. Rule out cervical disc protrusion. 10. Thoracic muscle spasm. 11. Thoracic pain. 12. Thoracic sprain/strain. 13. Left knee pain. 14. Left knee sprain/ strain. 15. Rule out left knee meniscus tear. 16. Right knee pain. 17. Right knee sprain/strain. 18. Rule out right knee internal derangement. 19. Rule out right knee meniscus tear. 20. Disruptions of 24-hour sleep-wake cycle. 21. Loss of sleep. 22. Sleep disturbance. 23. Anxiety. 24. Depression. 25. Irritability. 26. Nervousness. According to this report, the patient complains of headaches, neck pain, upper back pain, low back pain, and bilateral knee pain. The patient also complains of loss of sleep, depression, anxiety and irritability. Cervical/thoracic and lumbar ranges of motion are decreased and painful. Tenderness to palpation and spasm of the cervical/thoracic and lumbar paravertebral muscles was noted. Cervical Compression, Kemp's Test and sitting straight leg raise test were positive. Bilateral knee ranges of motion are decreased with pain. There were no other significant findings noted on this report. [redacted] is requesting an EMG of the cervical /lumbar spine and NCV of the cervical/lumbar spine. The utilization review denied the request on 04/09/2014. [redacted] is the requesting provider, and he provided treatment reports from 11/04/2013 to 04/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Cervical/Lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 & 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the 03/18/2014 report by [redacted], this patient presents with headaches, neck pain, upper back pain, low back pain, and bilateral knee pain. The treating physician is requesting an EMG of the cervical/lumbar spine. The UR denial letter states the report from [redacted] dated 3/18/14 contained no evidence of neurologic dysfunction. There was no evidence of positive root tension signs or other orthopedic testing or neurologic testing suggestive of a radiculopathy or peripheral nerve entrapment. In regards to electrodiagnostic studies, the ACOEM Practice Guidelines, page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. My review of the reports does not show any evidence of an EMG being done in the past. In this case, the treating physician has requested for an EMG of the cervical and lumbar spine and the guidelines support it. Therefore, EMG of the cervical/lumbar spine is medically necessary and appropriate.

NCV Cervical: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178 & 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 03/18/2014 report by [redacted], this patient presents with headaches, neck pain, upper back pain, low back pain, and bilateral knee pain. The treating physician is requesting an NCV of the cervical/lumbar spine. In regards to electrodiagnostic studies, the ACOEM Practice Guidelines support it for upper extremities to differentiate Carpal Tunnel Syndrome vs. radiculopathy and other conditions. This patient has not had NCV studies in the past. Therefore, NCV of the cervical spine is medically necessary and appropriate. According to the 03/18/2014 report by [redacted], this patient presents with headaches, neck pain, upper back pain, low back pain, and bilateral knee pain. The treating physician is requesting an NCV of the cervical/lumbar spine. In regards to nerve conduction studies, ACOEM does not discuss it but ODG states that it is not recommended for radiating leg symptoms presumed to be coming from the spine. NCV studies would be indicated for suspected peripheral neuropathy, plexopathies or other focal neuropathies that this patient does not present with. Therefore, the request for NCV of the lumbar spine is not medically necessary.

NCV Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178 & 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - NCV studies and the Carpal Tunnel Syndrome Chapter.

Decision rationale: According to the 03/18/2014 report by [redacted], this patient presents with headaches, neck pain, upper back pain, low back pain, and bilateral knee pain. The treating physician is requesting an NCV of the cervical/lumbar spine. In regards to nerve conduction studies, ACOEM does not discuss it but ODG states that it is not recommended for radiating leg symptoms presumed to be coming from the spine. NCV studies would be indicated for suspected peripheral neuropathy, plexopathies or other focal neuropathies that this patient does not present with. Therefore, the request for NCV of the lumbar spine is not medically necessary.