

<b>Case Number:</b>	CM14-0075345		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 and is licensed to practice in Nevada. 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 was reportedly injured on 3/2/2004. The mechanism of injury is not listed. The most recent progress note, dated 4/30/2014. Indicates that there are ongoing complaints of left shoulder pain that radiates down the left arm. The physical examination demonstrated cervical spine: good Coronal and sagittal 9 of cervical spine with well healed incision. Positive Spurling maneuver with reproduction of symptoms in the left arm. Persistent grade 4 strength in the left wrist extensor. Diagnostic imaging studies includes a magnetic resonance image of the cervical spine dated 2/20/2014 which reveals C-5-6 posterior osteophyte formation without significant stenosis. C6-7 no significant spinal stenosis. C7-T-1 significant disc folder focal truths. Multilevel degenerative disc disease severe SC 4-5 and C7-T-1. X-rays of cervical spine revealed C-5-7 anterior cervical fusion with iliac crest bone graft. Appears to be bridging bone. No evidence of hardware failure or loosening. Previous treatment includes previous cervical surgery, medications, and conservative treatment. A request was made for referral to pain management, electromyogram/nerve conduction study of the lower extremities, and was denied in the pre-authorization process on 5/9/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation and treat with [REDACTED], pain management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition

(2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule supports the use of referrals when a diagnosis is uncertain, extremely complex, or when the claimant may benefit from additional expertise. Based on the clinical documentation provided, the injured worker did happen exacerbation of pain at last visit. However, the physician did not provide significant documentation concerning treatment plan and medications that were beyond the scope of practice. Therefore this The request is not medically necessary and appropriate.

**EMG of the lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** American College of Occupational and Environmental Medicine practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography or magnetic resonance image is equivocal and there are ongoing lower extremity symptoms. Given the lack of documentation of a neurological exam, or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request is considered not medically necessary.

**Nerve conduction studies of the lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** American College of Occupational and Environmental Medicine practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography or magnetic resonance image is equivocal and there are ongoing lower extremity symptoms. Given the lack of documentation of a neurological exam, or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request is considered not medically necessary.

**Cervical 5-7 posterior decompression.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and Chronic) Cervical Decompression. Updated 8/4/2014.

**Decision rationale:** Official Disability Guidelines guidelines state cervical decompression is a surgical procedure that is performed to alleviate pain were neurological dysfunction caused by neural impingement. Neurological impingement can result in radiculopathy, specific spine nerve dysfunction or when impinging on the court, my life. In the past decompression with generally performed visit laminectomy through posterior approach. After review the medical documentation provided there is insufficient documentation showing the failure of conservative treatment. Therefore this request is not medically necessary and appropriate.