

Case Number:	CM14-0079968		
Date Assigned:	07/18/2014	Date of Injury:	08/27/2013
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/30/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 46-year-old male who reported an injury on 08/27/2013. The mechanism of injury is not clear in the documentation provided for review. The injured worker had prior treatments of prednisone therapy. Diagnostics were noted to be x-rays of the cervical spine and MRI of the brain/head without contrast, and an MRI of the cervical spine. The injured worker's surgical history includes arthroscopy of the knee and cervical vertebral fusion of anterior C6 with C5-6, C6-7 discectomies and decompressions with interbody arthrodesis, with cage and anterior plate from C5 to C7. In a postoperative visit the injured worker states he was having no radicular pain, numbness or weakness. He stated when he walks he gets tightness in calves bilaterally. This resolves with rest. The physical examination notes a well-developed, well-nourished male in no acute distress. The vitals were within normal limits. A Vista collar was being worn and the left anterior neck presents a well healed wound with no signs of infection. Trachea is midline. Voice is normal. Cervical spine not tender to palpation, no spasms. Motor strength was 5/5, intrinsic without weakness. Sensation was grossly symmetric. Gait was normal. The treatment plan includes initiating physical therapy and weaning off the collar. The provider's request was not noted within clinical examination on 08/05/2014. The Request for Authorization was not noted within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) for all 4 extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for EMG (Electromyography) for all 4 extremities is non-certified. The American College of Occupational and Environmental Medicine states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an image study. The documentation submitted for review fails to provide a thorough neurological assessment. The evaluation did not indicate neurological deficits such as decreased reflexes, decreased strength, and decreased sensation to a specific dermatome, or a positive Spurling's. Due to the examination being inadequate to support the request, the request EMG (Electromyography) for all 4 extremities is non-certified.

NCV (Nerve Conduction Velocity) for all 4 extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for NCV (Nerve Conduction Velocity) for all 4 extremities is non-certified. The California MTUS American College of Occupational and Environmental Medicine Guidelines state unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The report does not indicate neurological deficits such as decreased reflexes, decreased strength, and decreased sensation to a specific dermatome, or a positive Spurling's. Due to the examination being unclear, according to the guidelines, an NCV is not medically necessary. Therefore, the request for NCV (Nerve Conduction Velocity) for all 4 extremities is non-certified.