

Case Number:	CM14-0085114		
Date Assigned:	07/23/2014	Date of Injury:	11/27/1996
Decision Date:	10/09/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/06/2014

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 & Rehabilitation, and is licensed to practice in Texas & 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 51-year-old male who reported an injury on 11/27/1996. The mechanism of injury was not provided for clinical review. The diagnoses included status post anterior cervical discectomy and fusion, status post posterior fusion, mild chronic wedge deformity of bodies of T12 and L1, degenerative disc disease at L1-2. His treatments included medication, surgery and a spinal cord stimulator unit. Diagnostic testing included a CT, x-ray. In the clinical note dated 04/22/2014 it was reported the injured worker complained of neck pain and numbness in the bilateral fingers. Upon the physical examination the provider noted the injured worker had 2 plus cervical paraspinous muscle spasms. He had tenderness to palpation along the muscles. The deep tendon reflexes were equal and symmetric at the biceps. The provider noted sensation was decreased to light touch and pinprick in the C5 dermatome on the right. Provider noted the CT myelogram of the cervical spine revealed a solid fusion at C5-6 and C6-7. It also noted degenerated levels at C4-5. Provider requested for a neurology evaluation and an EMG of the upper extremities. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for a Neuro evaluation is not medically necessary. California MTUS/ACOEM Guidelines state that a consultation is intended to aid in the assessing the diagnoses, prognosis, therapeutic managing, determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. The provider failed to document a rationale warranting the medical necessity for the evaluation. There is lack of significant neurological deficits on the physical examination warranting the medical necessity for an evaluation. Therefore, the request is not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 268-269.

Decision rationale: The request for EMG right upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines note for most patients presenting with true neck or upper back problems, special studies are not needed unless there is a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Electromyography and nerve conduction velocities include an H reflex may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 to 4 weeks. There was lack of documentation indicating the injured worker tried and failed on conservative therapy. There is no indication of any red flag diagnoses. Therefore, the request is not medically necessary.

EMG left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269..

Decision rationale: The request for EMG left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines note for most patients presenting with true neck or upper back problems, special studies are not needed unless there is a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Electromyography and nerve conduction velocities include an H reflex may help identify subtle focal neurological dysfunction in patients with neck or arm

symptoms or both lasting more than 3 to 4 weeks. There was lack of documentation indicating the injured worker tried and failed on conservative therapy. There is no indication of any red flag diagnoses. Therefore, the request is not medically necessary.

NCV right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies.

Decision rationale: The request for NCV right upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines note nerve conduction velocity including H reflexes may help identify subtle focal neurological dysfunction in patients with neck or arms symptoms, or both lasting more than 3 to 4 weeks. In addition, the Official Disability Guidelines do not recommend a nerve conduction study to demonstrate radiculopathy if radiculopathy has been clearly identified by electromyography and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies in non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when the patient is already presumed to have symptoms on the basis of radiculopathy. There is lack of documentation indicating the injured worker had tried and failed on conservative therapy. Provider failed to document significant lack of neurological deficits. Therefore, the request is not medically necessary.

NCV left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies.

Decision rationale: The frequency for NCV left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines note nerve conduction velocity including H reflexes may help identify subtle focal neurological dysfunction in patients with neck or arms symptoms, or both lasting more than 3 to 4 weeks. In addition, the Official Disability Guidelines do not recommend a nerve conduction study to demonstrate radiculopathy if radiculopathy has been clearly identified by electromyography and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies in non-neuropathic processes if other diagnoses may be likely based on the clinical

exam. There is minimal justification for performing nerve conduction studies when the patient is already presumed to have symptoms on the basis of radiculopathy. There is lack of documentation indicating the injured worker had tried and failed on conservative therapy. Provider failed to document significant lack of neurological deficits. Therefore, the request is not medically necessary.

X-rays of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183..

Decision rationale: The request for X-rays of cervical spine is not medically necessary. The California MTUS Guidelines note that radiographs when initial studies with red flags for fracture and neurological deficits associated with acute trauma, tumor or infection are present are recommended. The guidelines also note radiographs are not recommended in the first 4 weeks if red flags are absent. The guidelines recommend the documentation of failure of conservative treatment. There is lack of documentation indicating the injured worker had tried and failed on conservative therapy. There is no indication of red flag diagnoses. Therefore, the request is not medically necessary.