MAXIMUS Federal Services

Case Number:	CM14-0087376		
Date Assigned:	07/23/2014	Date of Injury:	09/19/2008
Decision Date:	09/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/10/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 19, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and earlier cervical fusion surgery. In a Utilization Review Report dated June 6, 2014, the claims administrator denied a request for repeat electrodiagnostic testing of the bilateral upper extremities on the grounds that the attending provided did not furnish compelling rationale for the same. In a November 1, 2013 progress note, the applicant was described as status post multilevel cervical fusion surgery at C4 through C7. The applicant was using Norco and Neurontin for pain relief. The applicant reported persistent complaints of neck pain radiating to the left arm. The applicant's case and care were complicated by a variety of cardiac issues, it was acknowledged. On November 11, 2013, the applicant was given refills of Norco, Neurontin, and Celebrex, and placed off of work, on total temporary disability. In a handwritten note dated December 23, 2013, the applicant was again placed off of work, on total temporary disability, while Norco, Soma, and Neurontin were all renewed. The note was handwritten, sparse, and difficult to follow. On April 8, 2014, the applicant reported persistent complaints of neck pain, several months removed from the earlier multilevel cervical fusion surgery. A fusion stimulator was sought to promote fusion consolidation. The applicant's work status was not furnished on this occasion. On March 3, 2014, the applicant was asked to continue Norco, baclofen, and physical therapy for ongoing complaints of neck pain while remaining off of work, on total temporary disability. On March 7, 2014, it was stated that the applicant's fusion did not completely consolidate. The applicant was pending receipt of the bone growth stimulator device. The applicant was asked to continue

Norco and Neurontin in the interim. Per the claims administrator, the electrodiagnostic testing at issue was sought via June 2, 2014 request for authorization form. On May 28, 2014, it appears that repeat electrodiagnostic testing of the upper extremities was sought on the grounds that the applicant was having persistent complaints of numbness with neck and arm pain. The applicant was again placed off of work. The note was extremely difficult to follow. No rationale for the testing in question was proffered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG(Electromyography) upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)- Neck and Upper Back Chapter, Electromyography (EMG).

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, EMG testing is "not recommended" to establish a diagnosis of nerve root involvement if findings of history, physical exam, and imaging studies are consistent with the same. In this case, the applicant has already undergone multilevel cervical fusion surgery. The applicant already has an established diagnosis of cervical radiculopathy. It is unclear what role repeat electrodiagnostic testing would serve. The attending provider did not proffer any compelling rationale for the study in question. Therefore, the request is not medically necessary.

Repeat NCS(Nerve Coduction Study) of upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines), Neck and Upper Back, Nerve Conduction Studies (NCS).

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, page 178 does acknowledge that electromyography and nerve conduction studies can help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms which last greater than three to four weeks, in this case, however, as with the request for EMG testing, the applicant already has an established diagnosis of cervical radiculopathy. The applicant is already status post multilevel cervical fusion surgery. It is unclear what role repeat electrodiagnostic testing, including repeat nerve conduction testing, would serve here as the diagnosis in question has already been definitively established. The attending provider's handwritten documentation did not set forth compelling case for the study in question. The attending provider did not state, for instance, that

the applicant could be considering further spine surgery based on the outcome of the study in question. For all the stated reasons, then, the request is not medically necessary.