

Case Number:	CM14-0015165		
Date Assigned:	02/20/2014	Date of Injury:	08/12/2013
Decision Date:	03/19/2015	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	02/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 68 year old man sustained an industrial injury on 8/12/2013. The mechanism of injury is not detailed. Current diagnoses include muscle spasms of the neck, pain in neck, coccygodynia, headache, closed dislocation of coccyx, cervical sprain/strin, and contusion to buttocks. Evaluations include left ankle x-ray, sacral/coccyx x-ray, and cervical spine x-ray dated 9/17/2013, lumbar spine x-ray dated 9/25/2013, x-ray of the orbits dated 11/6/2013, x-rays of the cervical spine dated 11/2/2013. Treatment has included oral medications and chiropractic care. There is documentation from the MTUS and ACOEM gudelines regarding the qualifications for medical necessity for EMG/NCS that states that it is attached to a PR-2 from the same date, however the PR-2 is not found. Further, there are no other notes or other documentation included that mention the EMG/NCS or ratioanle for it. On 12/17/2013, Utilization Review evaluated a prescription for EMG/NCS to bilateral upper extremities, that was submitted on 2/3/2014. The UR physician noted that there was insufficient information provided to determine the need for the stated service. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequentyl appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL UPPER AND LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

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 & Chronic), Electromyography (EMG).

Decision rationale: Recommended (needle, not surface) as an option in selected cases. EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. The medical record contains no explanation why EMG studies have been ordered and previous neurologic examinations have been completely normal in both the upper and lower extremities. EMG BILATERAL UPPER AND LOWER EXTREMITY is not medically necessary.

NCS BILATERAL UPPER AND LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

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 & Chronic), Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommended repeat electrodiagnostic studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The patient's previous physical exam showed normal neurology in the upper and lower extremities. NCS BILATERAL UPPER AND LOWER EXTREMITY is not medically necessary.