

Case Number:	CM14-0130228		
Date Assigned:	08/18/2014	Date of Injury:	01/21/2002
Decision Date:	03/12/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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: Physical Medicine & Rehabilitation

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 57-year-old female, who sustained an industrial injury on January 21, 2002. The injured worker has reported neck pain. The diagnoses have included cervical disc displacement and cervicgia. Treatment to date has included physical therapy, traction, an anterior cervical decompression/fusion, and medication. Currently, the injured worker complains of neck pain, with occasional electric-type sensations in the hands. A neurological spine center Physician's visit dated May 27, 2014, noted the injured worker with C4-C5 and C5-C6 disc and osteophytes on a June 2013 MRI. The Physician noted offering the injured worker a C4-C6 revision anterior cervical discectomy and fusion surgery. On July 31, 2014, Utilization Review non-certified a request for an electromyography (EMG) of the cervical spine, and a nerve conduction velocity (NCV) of the cervical spine, noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The UR Physician noted that there was a lack of documentation related to the functional therapeutic or failure of previous physical therapy, and a lack of objective clinical findings of neurological deficits. Therefore, the request for an electromyography (EMG) of the cervical spine, and a nerve conduction velocity (NCV) of the cervical spine was non-certified. The MTUS, ACOEM Guidelines, Chapter 8, was cited. On August 12, 2014, the injured worker submitted an application for IMR for review of an electromyography (EMG) of the cervical spine, and a nerve conduction velocity (NCV) of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the Cervical Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 206-262.

Decision rationale: The patient presents with cervical spine pain rated 3-10/10 which has been exacerbated by recent cervical traction. Patient also complains of intermittent tingling in her hands. Patient is status post anterior cervical discectomy and fusion at C6-C7 in 2002. The request is for an NCV of the cervical spine. Physical examination dated 05/27/14 does not discuss specific physical locations of pain, the only findings pertinent to this request are normal strength to the upper extremities bilaterally and normal sensation in the upper extremities. The patient is currently prescribed Bydureon, Metformin, Naproxen, and Multivitamin. Diagnostic imaging included MRI of the cervical spine dated 06/25/14, significant findings include: "disc degenerative disease of the cervical spine at C4-5 where the end plates are sclerotic and irregular accompanied by marginal osteophytes..." Patient is currently employed full time. The ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 11, page 260-262 states: Appropriate electrodiagnostic studies - EDS - may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies - NCS-, or in more difficult cases, electromyography -EMG- may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. In regards to the request for an NCV study to be performed on the upper extremities, the request appears reasonable. Progress note dated 05/27/14 indicates that this patient has intermittent tingling in the hands for which NCV/EMG studies are utilized to differentiate between carpal tunnel syndrome and cervical radiculopathy. Also the patient has not had an NCV/EMG performed to date. Therefore, this request is medically necessary.

EMG of the Cervical Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with cervical spine pain rated 3-10/10 which has been exacerbated by recent cervical traction. Patient also complains of intermittent tingling in her hands. Patient is status post anterior cervical discectomy and fusion at C6-C7 in 2002. The request is for EMG of the cervical spine. Physical examination dated 05/27/14 does not discuss specific physical locations of pain, the only findings pertinent to this request are normal strength to the upper extremities bilaterally and normal sensation in the upper extremities. The patient is

currently prescribed Bydureon, Metformin, Naproxen, and Multivitamin. Diagnostic imaging included MRI of the cervical spine dated 06/25/14, significant findings include: "disc degenerative disease of the cervical spine at C4-5 where the endplates are sclerotic and irregular accompanied by marginal osteophytes..." Patient is currently employed full time. The ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 11, page 260-262 states: Appropriate electrodiagnostic studies - EDS - may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies - NCS-, or in more difficult cases, electromyography -EMG- may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. In regards to the request for an EMG study to be performed on the upper extremities, the request appears reasonable. Progress note dated 05/27/14 indicates that this patient has intermittent tingling in the hands, for which NCV/EMG studies are utilized to differentiate between carpal tunnel syndrome and cervical radiculopathy. Also the patient has not had an NCV/EMG performed to date. Therefore, this request is medically necessary.