

Case Number:	CM14-0143534		
Date Assigned:	09/15/2014	Date of Injury:	01/19/2010
Decision Date:	07/15/2015	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/04/2014

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 69 year old male, who sustained an industrial injury on January 19, 2010. He reported a sudden onset of pain to his cervical spine and low back. Treatment to date has included sacroiliac joint injection, medications, physical therapy, MRI of the cervical spine, anterior cervical discectomy and fusion and lumbar discectomy and foraminotomies. An evaluation on July 9, 2014 revealed the injured worker continued to have severe pain in the neck and was requiring more medication. The neck pain radiated into the left trapezius and into the forearm and hand. He reported associated numbness and tingling in the fingers and forearm on the left side and described the pain as burning. He reported low back pain into the right buttock and he had lateral right ankle pain. The injured worker rates his pain a 7-8 on a 10-point scale. On physical examination the injured worker had no evidence of erythema, swelling, deformity or tenderness over the cervical spine. Strength testing of the major muscles of the cervical spine within normal limits except the left triceps and left wrist flexors. Inspection and palpation of the lumbar spine was within normal limits and he had a normal range of motion. The diagnoses associated with the request include disorders of the sacrum, acquired spondylolisthesis, cervical spondylosis and brachial neuritis. The treatment plan includes EMG/NCV of the cervical spine and bilateral upper extremities and x-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV (Electromyography/ Nerve Conduction Velocity) bilateral upper extremities and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178,182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: Review indicated the request for EMG/NCV was modified to authorize for the cervical spine and Left Upper Extremity as symptoms and clinical findings only related to the left side. Submitted reports have demonstrated symptoms or clinical findings to suggest possible cervical radiculopathy and/or entrapment syndrome; however, as symptoms and clinical findings are exhibited in the left upper extremity. Submitted reports have not demonstrated any symptoms or clinical findings on the right to suggest any cervical radiculopathy or entrapment syndrome; thereby, the EMG/NCV (Electromyography/ Nerve Conduction Velocity) bilateral upper extremities and cervical spine is not medically necessary or appropriate.