

Case Number:	CM14-0197029		
Date Assigned:	12/05/2014	Date of Injury:	01/01/2009
Decision Date:	01/20/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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 injured worker is a 48 year-old female, who sustained an injury on January 1, 2015. The mechanism of injury is not noted. Diagnostics have included: November 25, 2013 cervical MRI reported as showing disc protrusions with previous surgery. Treatments have included: C4-5 cervical fusion, physical therapy, medications, and epidural injections. The current diagnoses are: s/p C4-5 fusion, neck pain, cervical radiculopathy. The stated purpose of the request for Dynamic Surface EMG was not noted. The request for Dynamic Surface EMG was denied on October 28, 2014, citing a lack of documentation of positive exam findings. Per the report dated October 16, 2014, the treating physician noted complaints of pain to the neck, upper back and shoulder. Exam findings included negative Spurling's sign, equal and full reflexes and muscle strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynamic Surface EMG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines and ODG

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

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, pages 177-179, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has pain to the neck, upper back and shoulder. The treating physician has documented negative Spurling's sign, equal and full reflexes and muscle strength. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Dynamic Surface EMG is not medically necessary.