

Case Number:	CM15-0083335		
Date Assigned:	05/05/2015	Date of Injury:	08/29/2013
Decision Date:	06/25/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/30/2015

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, Pain Management

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 52-year-old male who sustained an industrial injury on 08/29/13. Initial complaints and diagnoses are not available. Treatments to date include anterior cervical microdiscectomy and interbody arthrodesis at C6-7 with internal fixation and left iliac bone graft, as well as medications. Diagnostic studies are not addressed. Current complaints include significant loss of cervical flexibility and continued postoperative discomfort. Current diagnoses include postoperative pain, mild chronic bilateral C67 radiculopathy, mild ulnar neuropathy, and right carpal tunnel syndrome. In a progress note dated 03/03/15 the treating provider reports the plan of care as a CT and MRI of the cervical spine and electrodiagnostic testing of the neck and upper extremities, as well as a consultation with an otolaryngologist for an indirect laryngoscopy. The requested treatments are electrodiagnostic testing of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG, Left upper extremity/Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

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

Decision rationale: Regarding the request for EMG, Occupational Medicine Practice Guidelines state that electromyography and nerve conduction velocities including H-reflex tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the patient has a history of prior diagnostic testing and surgery, but there is no clear evidence of new or progressive findings suggestive of the need for repeat diagnostic testing. Furthermore, the provider concurrently recommended multiple forms of cervical spine imaging, the results of which may obviate the need for additional electrodiagnostic testing. In light of the above issues, the currently requested EMG is not medically necessary.

EMG, Right upper extremity/Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

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

Decision rationale: Regarding the request for EMG, Occupational Medicine Practice Guidelines state that electromyography and nerve conduction velocities including H-reflex tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the patient has a history of prior diagnostic testing and surgery, but there is no clear evidence of new or progressive findings suggestive of the need for repeat diagnostic testing. Furthermore, the provider concurrently recommended multiple forms of cervical spine imaging, the results of which may obviate the need for additional electrodiagnostic testing. In light of the above issues, the currently requested EMG is not medically necessary.

NCV, Right upper extremity/Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

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

Decision rationale: Regarding the request for NCV, Occupational Medicine Practice Guidelines state that electromyography and nerve conduction velocities including H-reflex tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the patient has a history of prior diagnostic testing and surgery, but there is no clear evidence of new or progressive findings suggestive of the need for repeat diagnostic testing. Furthermore, the

provider concurrently recommended multiple forms of cervical spine imaging, the results of which may obviate the need for additional electrodiagnostic testing. In light of the above issues, the currently requested NCV is not medically necessary.

NCV, Left upper extremity/Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

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

Decision rationale: Regarding the request for NCV, Occupational Medicine Practice Guidelines state that electromyography and nerve conduction velocities including H-reflex tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the patient has a history of prior diagnostic testing and surgery, but there is no clear evidence of new or progressive findings suggestive of the need for repeat diagnostic testing. Furthermore, the provider concurrently recommended multiple forms of cervical spine imaging, the results of which may obviate the need for additional electrodiagnostic testing. In light of the above issues, the currently requested NCV is not medically necessary.