MAXIMUS Federal Services

Case Number:	CM14-0126035		
Date Assigned:	09/26/2014	Date of Injury:	07/02/2013
Decision Date:	11/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This case involves a 48 year old male with date of injury 7/2/13. The treating physician report dated 7/16/14 indicates that the patient presents 3 months post anterior cervical discectomy and fusion at C5-7 on 4/22/14. The patient has persistent paresthesia of the right 1st and 2nd digits and new left arm pain with paresthesia. The physical examination findings reveal decreased right cervical rotation, tenderness of trapezius and levator scapula, well healed incision, decreased sensation left C6 dermatome and decreased muscle strength left abductors and flexors. CT scan of the cervical spine dated 5/27/14, shows mild residual foraminal narrowing at C5/6 on the left and good decompression overall with bony growth occurring through both LDR grafts C5-7. The current diagnosis includes cervical IVD and cervical radiculopathy. The utilization review report dated 7/30/14, denied the request for EMG/NCV of the right upper extremity and EMG of the left upper extremity and authorized a left upper extremity NCV based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of right upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Nerve Conduction Studies (NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Neck and Upper Back Chapte

Decision rationale: The patient presents 3 months post C5-7 anterior cervical discectomy and fusion surgery with continued right hand paresthesia and new left arm paresthesia. The current request is for EMG of the right upper extremity. The treating physician report dated 7/16/14 indicates that the patient has completed 12 physical therapy sessions and developed new and further upper extremity complaints with increased need for medications and decreased ability to perform physical activities. The reports provided for review do not indicate if the patient has previously had electrodiagnostic studies (EDS) of the upper extremities prior to surgery and there is no mention of EDS post operatively. The Official Disability Guidelines (ODG) Neck chapter supports EDS and states that the number of tests performed should be the minimum needed to establish an accurate diagnosis. The treating physician in this case has stated that the patient has worsening left arm paresthesia and continued right hand paresthesia following spinal fusion of C5-7. There are clinical findings of weakness and sensory deficits upon examination and the treating surgeon feels that the testing is medically indicated to establish an appropriate treatment plan. Therefore, this request is medically necessary.

EMG of left upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Neck and Upper Back Chapter

Decision rationale: The patient presents 3 months post C5-7 anterior cervical discectomy and fusion surgery with continued right hand paresthesia and new left arm paresthesia. The current request is for EMG of the right upper extremity. The treating physician report dated 7/16/14 indicates that the patient has completed 12 physical therapy sessions and developed new and further upper extremity complaints with increased need for medications and decreased ability to perform physical activities. The reports provided for review do not indicate if the patient has previously had electrodiagnostic studies (EDS) of the upper extremities prior to surgery and there is no mention of EDS post operatively. The Official Disability Guidelines (ODG) Neck chapter supports EDS and states that the number of tests performed should be the minimum needed to establish an accurate diagnosis. The treating physician in this case has stated that the patient has worsening left arm paresthesia and continued right hand paresthesia following spinal fusion of C5-7. There are clinical findings of weakness and sensory deficits upon examination and the treating surgeon feels that the testing is medically indicated to establish an appropriate treatment plan. Therefore, this request is medically necessary.

NCV of right upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Neck and Upper Back Chapter

Decision rationale: The patient presents 3 months post C5-7 anterior cervical discectomy and fusion surgery with continued right hand paresthesia and new left arm paresthesia. The current request is for NCV of the right upper extremity. The treating physician report dated 7/16/14 indicates that the patient has completed 12 physical therapy sessions and developed new and further upper extremity complaints with increased need for medications and decreased ability to perform physical activities. The reports provided for review do not indicate if the patient has previously had electrodiagnostic studies (EDS) of the upper extremities prior to surgery and there is no mention of EDS post operatively. The Official Disability Guidelines (ODG) Neck chapter supports EDS and states that the number of tests performed should be the minimum needed to establish an accurate diagnosis. The treating physician in this case has stated that the patient has worsening left arm paresthesia and continued right hand paresthesia following spinal fusion of C5-7. There are clinical findings of weakness and sensory deficits upon examination and the treating surgeon feels that the testing is medically indicated to establish an appropriate treatment plan. Therefore, this request is medically necessary.

NCV of left upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Neck and Upper Back Chapter

Decision rationale: The patient presents 3 months post C5-7 ACDF surgery with continued right hand paresthesia and new left arm paresthesia. The current request is for NCV of the left upper extremity. The treating physician report dated 7/16/14 indicates that the patient has completed 12 physical therapy sessions and developed new and further upper extremity complaints with increased need for medications and decreased ability to perform physical activities. The reports provided for review do not indicate if the patient has previously had electrodiagnostic studies (EDS) of the upper extremities prior to surgery and there is no mention of EDS post operatively. The ODG guidelines neck chapter supports EDS and states that the number of tests performed should be the minimum needed to establish an accurate diagnosis. The treater in this case has stated that the patient has worsening left arm paresthesia and continued right hand paresthesia following spinal fusion of C5-7. There are clinical findings of weakness and sensory deficits upon examination and the treating surgeon feels that the testing is

medically indicated to establish an appropriate treatment plan. Recommendation is for authorization.