

Case Number:	CM14-0155316		
Date Assigned:	10/13/2014	Date of Injury:	03/26/2014
Decision Date:	01/28/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 46-year-old male, with a reported date of injury of 03/26/2014. He tripped over a power cable and struck his head on a metal post. The injured worker loss consciousness for about 30 seconds. When he got up he was dizzy, nauseous, and had slurred speech. The current diagnoses include cervical spine myoligamentous sprain/strain, and cervical myofascial pain syndrome. The past diagnoses include cervical spine strain. Treatments have included computerized tomography (CT) scan of the neck and head, with normal results; cervical collar; Motrin; MRI of the neck on 07/11/2014, which showed a 2 mm bulging disc, with mild spinal canal stenosis at C3-C5, a 1.5 mm bulging disc with minimal spinal canal narrowing at C5-C6, and a possible 1 mm bulging disc without significant spinal canal stenosis; x-rays of the cervical spine; physical therapy; chiropractic care; Norco; Flexeril; and Voltaren. The medical records provided physical therapy reports for eight (8) visits made from 04/25/2014 to 06/02/2014. The medical records also provided include chiropractic care reports for visits made on 06/04/2014, 06/24/2014, and 08/04/2014. Documentation indicates that the injured worker completed 12 chiropractic sessions. On 08/04/2014, the treating provider indicated that the injured worker would significantly benefit from additional care and the addition of cervical restorative traction. The medical report dated 08/18/2014 indicates that the injured worker complained of moderate neck pain, which was frequent to occasional, aching, burning, which radiated to the bilateral shoulders, trapezius muscles, and bilateral scapular region. He also complained of bilateral numbness/tingling in the right and left hand, middle, ring, and pinky fingers. The pain was made worse by turning the head and reaching overhead. The injured worker rated the pain a 3-4 out of 10, and said the symptoms were relieved by heat/ice, rest, and medication. The treating physician recommended an electromyography/ nerve conduction velocity (EMG/NCV) to the bilateral upper extremities to rule-out cervical radiculopathy. On

09/04/2014, Utilization Review (UR) denied the request for an EMG/NCV of the bilateral upper extremities, and chiropractic care two (2) times a week for three (3) weeks for the cervical spine. The UR physician noted that there were no focal objective neurological deficits described on examination, and there was no detailed documentation of progress in the home exercise program. The UR physician cited the Chronic Pain Guidelines and the ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BUE,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), 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 (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). There is no documentation of peripheral nerve damage, cervical radiculopathy and entrapment neuropathy that requires electrodiagnostic testing. There is documentation of significant change in the patient condition. Therefore, the request for EMG/NCS BUE is not medically necessary.

Chiropractic 2x week for 3 weeks for cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation. Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional

improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate. Based on the patient's records, there is no functional deficits documented that could not be addressed with home exercise program. In addition, the patient completed 12 chiropractic sessions without significant improvement of his symptoms. Therefore, the request for Chiropractic 2x week for 3 weeks for cervical is not medically necessary.