

Case Number:	CM14-0216436		
Date Assigned:	01/06/2015	Date of Injury:	07/13/2011
Decision Date:	02/25/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 is a 54-year-old male worker with a work related injury dated March 12, 2012. At the physician's visit dated November 17, 2014, the worker was complaining of bilateral arm pain that was greater on the left than the right and was described as throbbing in nature. Pain was reported to prevent lifting heavy objects and sitting for long periods. The worker reported only being able to sleep for less than six hours with or without pain medication. Pain was reported as being 50 percent better but unchanged since his surgery on May 13, 2014, which included an anterior cervical discectomy and fusion at the C5-C6. Physical exam at this visit was remarkable range of motion within normal limits, neurological exam normal and history significant for weight gain. Diagnosis at this visit included status post anterior cervical discectomy and fusion at the C5-C6. Treatment at this visit included a request for electromyography and nerve conduction studies, an x-ray of the cervical spine with anteroposterior and lateral views and a follow up in six weeks. The utilization review decision dated December 8, 2014 non-certified the request for nerve conduction studies (NCV) and electromyography (EMG) of the anteroposterior and lateral cervical spine. The rationale for non-coverage was based on the ODG Neck and Upper Back EMG guidelines. The guidelines state EMG is recommended as an option in selected cases. NCS are not recommended to demonstrate radiculopathy, if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the requested EMG and NCS studies were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV, anteroposterior and lateral cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines 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 Neck section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, NCV anteroposterior and lateral cervical spine is not medically necessary. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on clinical examination. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary overtreatment. In this case, the injured workers working diagnoses are status post anterior cervical discectomy and fusion C5 - C6 on May 13, 2014. The documentation from a November 17, 2014 progress note indicates the injured worker has bilateral arm pain. However, the neurologic evaluation is normal. The musculoskeletal examination shows no tenderness in the neck. Range of motion is within normal limits. There is no objective evidence of radiculopathy on physical examination. The guidelines indicate NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified. There is no clinical indication for electrodiagnostic studies at this time based on the objective physical findings and guidelines respectively. Consequently, absent clinical documentation to support the presence of radiculopathy in contravention of the guidelines, NCV anteroposterior and lateral cervical spine is not medically necessary.

EMG, anteroposterior and lateral cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, EMG anteroposterior and lateral cervical spine is not medically necessary. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly

negative or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on clinical examination. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary overtreatment. In this case, the injured workers working diagnoses are status post anterior cervical discectomy and fusion C5 - C6 on May 13, 2014. The documentation from a November 17, 2014 progress note indicates the injured worker has bilateral arm pain. However, the neurologic evaluation is normal. The musculoskeletal examination shows no tenderness in the neck. Range of motion is within normal limits. There is no objective evidence of radiculopathy on physical examination. The guidelines indicate NCV is not recommended to demonstrate radiculopathy if radiculopathy he has already been clearly identified. There is no clinical indication for electrodiagnostic studies at this time based on the objective physical findings and guidelines respectively. Consequently, absent clinical documentation to support the presence of radiculopathy in contravention of the guidelines, EMG anteroposterior and lateral cervical spine is not medically necessary.