MAXIMUS Federal Services

Case Number:	CM15-0015314		
Date Assigned:	02/03/2015	Date of Injury:	08/31/2011
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 48 year old male with an industrial injury dated 08/31/2011 while moving heavy pots. His diagnoses include myospasms of the cervical spine and status post right shoulder arthroscopic surgery. Recent diagnostic testing was not provided. He has been treated with arthroscopic surgery to the right shoulder (11/14/2013), medications, and conservative care. In a progress note dated 12/23/2014, the treating physician reports pain radiating down the right side from neck to the right arm and increased with cold weather and with lifting. The objective examination revealed decreased sensation in the cervical spine at the C6-C7 levels and right arm, and decreased muscle strength in the right upper extremity with changes. The treating physician is requesting EMG/NCV of the bilateral upper extremities and a MRI of the cervical spine which were denied by the utilization review. On 01/13/2015, Utilization Review non-certified a request for EMG/NCV of the bilateral upper extremities, noting the absence of documented left upper extremity symptoms or findings, previous normal EMG of the right upper extremity without new injury or symptoms, previous NCV showing mild carpal tunnel syndrome with no current symptoms of carpal tunnel syndrome, and no previous conservative care for the cervical spine. The MTUS ACOEM ODG Guidelines were cited. On 01/13/2015, Utilization Review non-certified a request for a MRI of the cervical spine (non-accepted body part), noting the absence of red-flag diagnoses or previous conservative care for the cervical spine, no surgical plan, and previous negative EMG for radiculopathy. The MTUS ACOEM ODG Guidelines were cited. On 01/27/2015, the injured worker submitted an application for IMR for review of EMG/NCV bilateral upper extremities and MRI of the cervical spine (non-accepted body part).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ACOEM guidelines (2nd Edition, table 8-8 regarding EMG. Official Disability Guidelines: EMG; neck; (http://www.odg-twc.com/odgtwc/neck.htm).

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

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). The patient developed chronic neck pain. The record provided do not clearly identify specific nerve root neurological deficit to necessitate a nerve conduction study. There is no clinical and radiological evidence pointing toward a clear specific nerve root neurological damage. There is nofocal neurological signs on the patient physical examination. There is no discussion of the diagnostic value of the requested study. Therefore, the request for EMG/NCV Bilateral Upper Extremity is not medically necessary.

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines: http://www.odg-twc.com/neck.htm) regarding MRI of the neck and upper back.

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

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended in case of red flags suggesting cervical spine damage such as tumor, infection, cervical root

damage and fracture. There is no documentation of any of these red flags in this case. Therefore the request for MRI of the cervical spine is not medically necessary.