

<b>Case Number:</b>	CM15-0075083		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 63 year old male sustained an industrial injury to the neck on 7/11/14. Previous treatment included computed tomography, physical therapy, heat/ice, home exercise and medications. In a pain management progress note dated 1/9/15, the injured worker complained of ongoing pain and stiffness to the neck rated 4-8/10 on the visual analog scale. The physician noted that the injured worker was tender over the facet joints with positive facet loading but did not have any evidence of active radiculopathy. Current diagnoses included chronic pain due to trauma, cervical spine spondylosis without myelopathy, morbid obesity and dietary surveillance and counseling. The treatment plan included diagnostic medial branch blocks, continuing medications and continuing home exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient bilateral EMG/NCS upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The physical exam revealed tenderness over the facet joints with positive facet loading but did not have any evidence of active radiculopathy. The worker had a diagnosis of cervical spondylosis without myelopathy. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG/NCV of the bilateral upper extremities. Therefore the request is not medically necessary.

**Outpatient bilateral EMG/NCS lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

**Decision rationale:** Per ACOEM, electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. The physical exam revealed tenderness over the facet joints with positive facet loading but did not have any evidence of active radiculopathy. The worker had a diagnosis of cervical spondylosis without myelopathy. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG/NCV of the bilateral lower extremities. Therefore the request is not medically necessary.

**One outpatient neurosurgical consultation to cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

**Decision rationale:** This injured worker was denied a request for a outpatient neurosurgical consultation to cervical. The physical exam revealed tenderness over the facet joints with positive facet loading but did not have any evidence of active radiculopathy. The worker had a diagnosis of cervical spondylosis without myelopathy. There are no red flag symptoms or signs which would be indications for immediate referral. Surgery is considered when there is severe spinovertebral pathology or severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction on appropriate imaging studies that did not respond to conservative therapy. Other modalities of conservative therapy could be trialed prior to surgical

referral and the medical records do not support the medical necessity of a outpatient neurosurgical consultation to cervical. Therefore the request is not medically necessary.