

Case Number:	CM15-0093136		
Date Assigned:	05/19/2015	Date of Injury:	02/19/2015
Decision Date:	06/19/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male who sustained an industrial injury on 02/19/2015. Current diagnoses include C5-C6 disc degeneration with canal stenosis and foraminal stenosis, C6-7 canal stenosis with foraminal stenosis, and C4-5 mild broad based osteophyte complex. Previous treatments included medication management. Previous diagnostic studies include CT scan, x-rays, and MRI. Initial injuries included fuzziness followed by neck pain and continued fuzziness after being rear-ended in a motor vehicle accident. Report dated 04/16/2015 noted that the injured worker presented with complaints that included neck pain, numbness and tingling going down both arms, weakness in both hands, and increased headaches. Pain level was not included. Physical examination was positive for decreased cervical range of motion, normal reflexes bilaterally, and a grip strength of 60 pounds bilaterally. The treatment plan included prescribing anti-inflammatory medication and Vicodin, signed a pain contract, recommendation for physical therapy and obtain flexion-extension x-rays of his cervical spine, and recommendation for nerve testing and electrodiagnostic nerve testing due to radiating pain down into fingertips. Disputed treatments include a EMG/NCV of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, medical necessity for the NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any entrapment syndrome. Exam showed intact sensation and reflexes without neurological deficits or specific consistent myotomal or dermatomal correlation to support for the electro diagnostics. There was no documented failed conservative trial for this injury without new injury or acute changed findings. The NCV of cervical spine is not medically necessary and appropriate.

EMG of cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy. Exam showed normal reflexes, sensation without motor weakness or neurological deficits or specific consistent myotomal or dermatomal correlation to support for the electro diagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The EMG of cervical spine is not medically necessary and appropriate.