

Case Number:	CM14-0146581		
Date Assigned:	09/12/2014	Date of Injury:	03/13/2014
Decision Date:	10/22/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/09/2014

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 Family Practice and is licensed to practice in California. 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:

This case involves a 58 year old female injured worker sustained a work injury on 3/13/14 involving the back, chest and left ankle. She was diagnosed with cervical disc disease, thoracic strain and left ankle strain as well as a right rib contusion. She had undergone therapy and used analgesics for pain. A progress note on 8/5/14 indicated the injured worker had continued pain in the involved areas. The examination findings were unremarkable for range of motion, strength, reflexes or other neurological findings except for only decreased sensation to pinprick in the left leg. The physician requested an MRI of the cervical and thoracic spine as well as an EMG/NCV to assess left lumbosacral neuropathy and cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) right cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to the MTUS guidelines, an EMG of the cervical spine is not recommended for diagnosis of nerve root problem if the history, physical findings and imaging are consistent. It may be used preoperatively; however, in this case there is no plan for surgery. An MRI has been requested. The findings are minimal on the left side. Therefore, this request is not medically necessary.

Nerve conduction velocity (NCV) right cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines (NCV) Nerve Conduction Velocity

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NCV and neck pain

Decision rationale: According to the guidelines above, there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. It is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. In this case, exam findings indicate area of decreased sensation and the EMG is not medically necessary. The NCV of the right cervical region is not medically indicated based on the exam findings. As such, this request is not medically necessary.

Nerve conduction velocity (NCV) left cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines (NCV) Nerve Conduction Velocity

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG NCV and neck pain

Decision rationale: According to the guidelines above, there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. It is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. In this case, exam findings indicate area of decreased sensation. The EMG is not medically necessary. The NCV of the left cervical region is not medically indicated based on the exam findings. An MRI may provide correlation with exam findings. Therefore, this request is not medically necessary.

Electromyography (EMG) left cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to the MTUS guidelines, an EMG of the cervical spine is not recommended for diagnosis of nerve root problem if the history, physical findings and imaging are consistent. It may be used preoperatively; however, in this case there is no plan for surgery. An MRI has been requested. The findings are minimal on the left side. Therefore, this request is not medically necessary.