

<b>Case Number:</b>	CM13-0014308		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

According to the 7/10/13 report, the patient has neck pain and some paresthesia through the left upper extremity between the shoulder and lateral epicondyle and thumb in a radial nerve vs. C6 radicular pattern. There are no symptoms reported down the right arm. The ACOEM states "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." Going back through the records, the 7/9/13 report from [REDACTED] does not mention symptoms of cervical radiculopathy or paresthesia down the arms. The 6/7/13, 5/9/13 and 4/9/13 reports from [REDACTED] did not mention signs of radiculitis. It appears that the first mention of radiculitis was on the 7/10/13 visit. MTUS/ACOEM states the electrodiagnostic studies are necessary if symptoms last more than 3-4 weeks. At the time of the 7/10/13 request, the UR denial was appropriate, but for a different reason, it did not meet ACOEM criteria. For the IMR, I have reports dated 9/26/13 and 10/29/13, from [REDACTED] and the patient continues with neck pain and left arm paresthesia. [REDACTED] states on 10/29/13, that the patient now has a cervical MRI which was negative and was pending nerve studies. Neck pain continues with possible 25% improvement. The patient continued with intermittent paresthesia from the shoulder to thumb and the hand gets numb with grasping. At this time, the EMG/NCV of the upper extremities appears to be in accordance with MTUS/ACOEM chapter guidelines. The neck symptoms have lasted over 3-4 weeks. The request for an EMG/NVC of the bilateral upper extremities is medically necessary and appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NVC of the bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 78, 260-262.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the 7/10/13 report, the patient has neck pain and some paresthesia through the left upper extremity between the shoulder and lateral epicondyle and thumb in a radial nerve vs. C6 radicular pattern. There are no symptoms reported down the right arm. The ACOEM states "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." Going back through the records, the 7/9/13 report from [REDACTED] does not mention symptoms of cervical radiculopathy or paresthesia down the arms. The 6/7/13, 5/9/13 and 4/9/13 reports from [REDACTED] did not mention signs of radiculitis. It appears that the first mention of radiculitis was on the 7/10/13 visit. MTUS/ACOEM states the electrodiagnostic studies are necessary if symptoms last more than 3-4 weeks. At the time of the 7/10/13 request, the UR denial was appropriate, but for a different reason, it did not meet ACOEM criteria. For the IMR, I have reports dated 9/26/13 and 10/29/13, from [REDACTED] and the patient continues with neck pain and left arm paresthesia. [REDACTED] states on 10/29/13, that the patient now has a cervical MRI which was negative and was pending nerve studies. Neck pain continues with possible 25% improvement. The patient continued with intermittent paresthesia from the shoulder to thumb and the hand gets numb with grasping. At this time, the EMG/NCV of the upper extremities appears to be in accordance with MTUS/ACOEM chapter guidelines. The neck symptoms have lasted over 3-4 weeks. The request for an EMG/NVC of the bilateral upper extremities is medically necessary and appropriate.

**Medrox patches (menthol, capsaicin, menthyl salicylate), 10 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The Physician Reviewer's decision rationale: Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. The Chronic Pain Medical Treatment Guidelines guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed" and "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended."

**cervical collar with gel, cervical pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The Physician Reviewer's decision rationale: The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines states, "Cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases." The request for a cervical collar with gel is not in accordance with MTUS/ACOEM chapter guidelines. The IMR request also includes a cervical pillow, which I understand is different from a cervical collar, but I am not able to offer partial certification, or rewrite the question posed to me by [REDACTED]. The request for a cervical collar with gel, cervical pillow, is not medically necessary or appropriate.