

Case Number:	CM13-0019555		
Date Assigned:	10/11/2013	Date of Injury:	08/09/2006
Decision Date:	12/17/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine and Rehabilitation and Pain Management, 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 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:

The patient is a 61 year old female with an injury date of 08/09/06. Based on the 06/13/13 progress report, the patient complains of increased pain in her neck which radiates to her left upper extremity. She has increased radicular symptoms in her right upper extremity. She uses her four-wheel walker for ambulation. She has a slight antalgic gait favoring the left lower extremity. The 07/11/13 report indicates that the patient has tenderness to palpation along the posterior lumbar musculature with decreased range of motion. Straight leg raise is positive on the left. She has decreased sensation along the posterior lateral thigh and calf and dorsum of the foot on the left. Upon examination of the posterior cervical musculature, the patient has tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points which were palpable throughout the cervical paraspinal muscles, upper trapezius, and medial scapular regions. She also has tenderness along the suboccipital regions bilateral and a decrease in range of motion. The patient has a decreased range of motion of her left shoulder. The 12/07/12 CT of the lumbar spine revealed postoperative changes at L5-S1 level; there is slight retrolisthesis of L4 and L5 with a 3 mm disc bulge and bilateral neural foraminal stenosis. The patient's diagnoses include the following: 1. C5-6 and C6-7 anterior cervical discectomy and fusion, March 2009 2. Bilateral upper extremity radiculopathy 3. L5-S1 posterior lumbar interbody fusion, November 2009 4. Bilateral lower extremity radiculopathy left greater than right 5. Lumbar spinal cord stimulator implant The utilization review determination being challenged is dated 08/16/13. Treatment reports are provided from 01/05/13- 09/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective EMG left upper extremity DOS: 7/23/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 06/13/13 report, the patient presents with pain in her neck which radiates to her left upper extremity. The retrospective request is for an EMG of the left upper extremity dos 07/23/13. The report with the request was not provided. The 07/11/13 report mentions that the patient had a prior EMG which revealed chronic bilateral L5 radiculopathy and right S1 radiculopathy. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the 06/13/13 report states that the patient has increased radicular symptoms in her right upper extremity. The 07/11/13 report indicates that the patient "has decreased sensation along the posterolateral arm and lateral forearm." An EMG to further evaluate the patient's symptoms are supported by the guidelines. The request is medically necessary and appropriate.

Retrospective EMG right upper extremity dos: 7/23/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 06/13/13 report, the patient presents with pain in her neck which radiates to her left upper extremity. The retrospective request is for an EMG Right Upper Extremity dos 07/23/13. The report with the request was not provided. The 07/11/13 report mentions that the patient had a prior EMG which revealed chronic bilateral L5 radiculopathy and right S1 radiculopathy. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the 06/13/13 report states that the patient has increased radicular symptoms in her right upper extremity. The 07/11/13 report indicates that the patient "has decreased sensation along the posterolateral arm and lateral forearm." An EMG

to further evaluate the patient's symptoms are supported by the guidelines. The request is medically necessary and appropriate.

Retrospective NCV left upper extremity dos: 7/23/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 06/13/13 report, the patient presents with pain in her neck which radiates to her left upper extremity. The retrospective request is for an NCV Left Upper Extremity dos 07/23/13. The report with the request was not provided. There was no indication if there were any previous NCVs conducted. For NCV, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the 06/13/13 report states that the patient has increased radicular symptoms in her right upper extremity. The 07/11/13 report indicates that the patient "has decreased sensation along the posterolateral arm and lateral forearm." An EMG may help the treating physician pinpoint the cause and location of the patient's symptoms. The request is not medically necessary and appropriate.

Retrospective NCV right upper extremity dos: 7/23/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 06/13/13 report, the patient presents with pain in her neck which radiates to her left upper extremity. The retrospective request is for an NCV Right Upper Extremity dos 07/23/13. The report with the request was not provided. There was no indication if there were any previous NCVs conducted. For NCV, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the 06/13/13 report states that the patient has increased radicular symptoms in her right upper extremity. The 07/11/13 report indicates that the patient "has decreased sensation along the posterolateral arm and lateral forearm." An EMG may help the treating physician pinpoint the cause and location of the patient's symptoms. The request is medically necessary and appropriate.

