

Case Number:	CM13-0021722		
Date Assigned:	11/13/2013	Date of Injury:	02/23/2007
Decision Date:	01/15/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/06/2013

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 & Rehabilitation 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:

The patient is a 37-year-old female who reported an injury on 02/23/2007. The patient was recently evaluated by [REDACTED] on 09/13/2013. The patient complained of 9/10 increased cervical spine pain with difficulty sleeping. Physical examination revealed 40 degrees of flexion, 45 degrees of extension, 30 degrees of right and left lateral bending and 2+ spasm at the upper trapezius bilaterally. The patient was diagnosed with a herniated cervical disc with radiculopathy, right shoulder impingement syndrome with tendonitis, facet joint hypertrophy of the lumbar spine, symptoms of anxiety with depression and symptoms of insomnia. Treatments included an MRI of the cervical spine and right shoulder, Electromyogram and Nerve Conduction Velocity (EMG/NCV) studies of the bilateral upper extremities and a cervical pillow as well as a home exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

The requested treatment for Electromyogram & Nerve Conduction Velocity (EMG/NCV) of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Electro diagnostic studies

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electro diagnostic studies are not necessary to determine a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy or a problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary overtreatment. As per the clinical notes submitted, there is no documentation of radiculopathy upon physical examination that would warrant the need for an electro diagnostic. The patient's latest physical examination on 09/13/2013 revealed diminished range of motion with 2+ spasm at the upper trapezius bilaterally. Therefore, the patient does not currently meet the criteria for an electrodiagnostic study. Additionally, there is no evidence of a recent failure to respond to conservative treatment prior to the request for an electrodiagnostic study. Based on the clinical information received, the request is non-certified.

The requested treatment for Electromyogram & Nerve Conduction Velocity (EMG/NCV) of Left Upper: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Electro diagnostic studies.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to determine a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy or a problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary overtreatment. As per the clinical notes submitted, there is no documentation of radiculopathy upon physical examination that would warrant the need for an EMG or NCV study. The patient's latest physical examination on 09/13/2013 revealed diminished range of motion with 2+ spasm at the upper trapezius bilaterally. Therefore, the patient does not currently meet the criteria for an electrodiagnostic study. Additionally, there is no evidence of a recent failure to respond to conservative treatment prior to the request for an electrodiagnostic study. Based on the clinical information received, the request is non-certified.

