

Case Number:	CM13-0022758		
Date Assigned:	11/13/2013	Date of Injury:	11/12/2001
Decision Date:	01/29/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/11/2013

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 Orthopedic Surgery, 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 53 year old injured worker who reported an injury on 11/12/2001. The mechanism of injury was not submitted. The patient complained of pain to the neck. The clinical documentation submitted for review dated 09/09/2013 stated the patient continued to complain of pain to the neck with radiating numbness and tingling down bilateral arms. The greatest numbness and tingling was in the hands from the wrists to the fingers. The patient is post-surgical fusion at C4-5 and C5-6. The patient has been treated with physical therapy, medication and injections. The patient was diagnosed with cervicalgia, C7-T1 herniated discs and degenerative cervical disc with radiculopathy. The physical examination showed diminished sensation to C7-C8 dermatomes on the right and the left. MRI of the shoulder dated 08/29/2013 showed postoperative changes of the rotator cuff. The supraspinatus is thin and irregular but at least some component is still intact. Moderate hypertrophy of the A.C. joint, was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCS of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The CA MTUS/ACOEM guidelines recommend electromyography when the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. The clinical documentation submitted for review indicates that the patient has cervical radiculopathy. No objective clinical documentation was submitted that indicated the patient's conservative care. It was noted in the physician's progress note that the patient participated in physical therapy, received pain medication and injections; but there was no clinical documentation submitted as to the efficacy of those treatments. The Official Disability Guidelines, state, nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. The clinical documentation submitted for review states the patient complained of pain, tingling and numbness to bilateral upper extremities. Also, clinical documentation states the patient was diagnosed with cervicgia, C7-T1 herniated discs and degenerative cervical disc with radiculopathy. The request for 1 EMG/NCS of bilateral upper extremities is not medically necessary and appropriate.