

Case Number:	CM13-0028640		
Date Assigned:	11/27/2013	Date of Injury:	01/03/2011
Decision Date:	02/04/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/25/2013

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 neurology, and is licensed to practice in Maine, Ohio, and Texas. 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 41-year-old female who reported an injury on 01/03/2011 and has had ongoing complaints of neck, middle back, and upper extremity pains, allegedly related to the performance of routine work with no specific accident, event or injury. The patient has undergone physical therapy, chiropractic treatments, medications, work hardening therapy, massage therapy, and acupuncture. As of 10/14/2013, the patient also underwent a Functional Capacity Evaluation. During an office visit approximately 2 weeks before the Functional Capacity Evaluation the patient was seen with improvement in neck pain at a 4/10 with no numbness and tingling. She also reported improved anxiety and has completed her treatment with a psychologist. Objective findings at that time noted under palpation, the cervical spine had muscle guarding and spasm of the paraspinal musculature with decreased range of motion. The patient has been diagnosed with cervical spine strain with degenerative disc disease, and complaints of anxiety which have improved. At this time, the physician is requesting an electromyogram/NCV of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram NCV bilateral upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical & Thoracic Spine

disorders; section on Magnetic Resonance Imaging (MRI). ACOEM Chapter on Cervical & Thoracic Spine disorders; section on Diagnostic Investigations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve conduction studies (NCS).

Decision rationale: Under California MTUS at ACOEM, it states that EMGs are recommended to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural steroid injections. They are not recommended; however, if diagnoses of nerve root involvement, findings of history, physical exam, and imaging studies are consistent. In the case of this patient, subjective complaints do not match objective findings on the clinical documentation. Furthermore, there is reference that the patient had undergone an EMG/NCV study in 2012 which was negative for cervical radiculopathy and described findings of a median neuropathy at the left wrist only which may have just been a coincidental finding. Official Disability Guidelines was also referred to in this case and states that nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by an EMG and obvious clinical signs, but recommend if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or nonneuropathic processes, if other diagnoses may be likely based on the clinical exam. However, the clinical exam does not indicate the patient has any objective findings that would medically necessitate electrodiagnostic studies. The progress report on 10/01/2013 even noted that the patient had improving neck pain of a 4/10 with no numbness and tingling. Therefore, at this time, the requested service for an electromyogram and NCV of the bilateral upper extremities is not considered medically necessary and is non-certified.