

Case Number:	CM13-0030766		
Date Assigned:	11/27/2013	Date of Injury:	08/09/2006
Decision Date:	03/14/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	10/01/2013

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.

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 60-year-old female with a date of injury of 8/9/06. Per a report dated 8/8/13, this patient presents with the following diagnoses: (1) status post C5-C6 and C6-C7 anterior cervical discectomy and fusion (March 2009); (2) bilateral upper extremity radiculopathy; (3) status post L5-S1 posterior lumbar interbody fusion (November 2009); (4) bilateral lower extremity radiculopathy, and (5) status post spinal cord stimulator implant (2011). According to this report, the patient presents with increased pain in her low back with radiation down to both lower extremities, left greater than right. An evaluation dated 8/7/13 states the patient is pending for possible extension of the fusion to L4-L5 level. The patient has neck pain with radiation down both upper extremities. The patient had electrodiagnostic studies of the upper extremities on 7/8/13 that revealed acute right C6 radiculopathy, bilateral carpal tunnel syndrome. There are also prior EMG/NCV studies from 2010. Due to the persistent pain, the patient required higher doses of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive request for EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 262, Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with chronic neck and upper extremity pains. She has undergone multilevel cervical fusion. Review of the reports show that the patient had prior EMG/NCV studies of upper extremities on September 2010; there was also reference to an EMG done at [REDACTED], showing C5 radiculopathy on the left side. The patient presents with symptoms of neck pain radiating down to both arms, right more than left; numbness and tingling in the arms, right more than left. Examination shows 5-/5 strength in the bilateral upper extremities somewhat limited by pain. Other examinations were normal. The ACOEM guidelines recommend EMG/NCV studies for the upper extremities to help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. However, the patient's diagnoses are quite clear in this case. The patient has had prior EMG/NCV studies diagnosing carpal tunnel syndrome and radiculopathy. The patient has had cervical fusion at multiple levels and has had electrodiagnostic studies following surgery. The rationale for obtaining updated electrodiagnostic studies were increased pain and weakness; however, examination only showed 5-/5 strength deficit in a setting of pain. There were no qualitative changes of the symptoms or any new injuries or change in location of symptoms to suspect a different diagnosis. There is no guideline support for routine or repeat electrodiagnostic studies in the absence of new neurologic findings or new injury. The request is noncertified.

retroactive request for NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 162.

Decision rationale: This patient presents with chronic neck and upper extremity pains. She has undergone multilevel cervical fusion. Review of the reports show that the patient had prior EMG/NCV studies of upper extremities on September 2010; there was also reference to an EMG done at [REDACTED], showing C5 radiculopathy on the left side. The patient presents with symptoms of neck pain radiating down to both arms, right more than left; numbness and tingling in the arms, right more than left. Examination shows 5-/5 strength in the bilateral upper extremities somewhat limited by pain. Other examinations were normal. The ACOEM guidelines recommend EMG/NCV studies for the upper extremities to help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. However, the patient's diagnoses are quite clear in this case. The patient has had prior EMG/NCV studies diagnosing carpal tunnel syndrome and radiculopathy. The patient has had cervical fusion at multiple levels and has had electrodiagnostic studies following surgery. The rationale for obtaining updated electrodiagnostic studies were increased pain and weakness; however, examination only showed 5-/5 strength deficit in a setting of pain. There were no qualitative changes of the symptoms or any new injuries or change in location of symptoms to suspect a different diagnosis. There is no guideline support for routine or repeat electrodiagnostic studies in the absence of new neurologic findings or new injury. The request is noncertified.

retroactive request for NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 178, 262.

Decision rationale: This patient presents with chronic neck and upper extremity pains. She has undergone multilevel cervical fusion. Review of the reports show that the patient had prior EMG/NCV studies of upper extremities on September 2010; there was also reference to an EMG done at [REDACTED], showing C5 radiculopathy on the left side. The patient presents with symptoms of neck pain radiating down to both arms, right more than left; numbness and tingling in the arms, right more than left. Examination shows 5-/5 strength in the bilateral upper extremities somewhat limited by pain. Other examinations were normal. The ACOEM guidelines recommend EMG/NCV studies for the upper extremities to help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. However, the patient's diagnoses are quite clear in this case. The patient has had prior EMG/NCV studies diagnosing carpal tunnel syndrome and radiculopathy. The patient has had cervical fusion at multiple levels and has had electrodiagnostic studies following surgery. The rationale for obtaining updated electrodiagnostic studies were increased pain and weakness; however, examination only showed 5-/5 strength deficit in a setting of pain. There were no qualitative changes of the symptoms or any new injuries or change in location of symptoms to suspect a different diagnosis. There is no guideline support for routine or repeat electrodiagnostic studies in the absence of new neurologic findings or new injury. The request is noncertified.

retroactive request for EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with chronic neck and upper extremity pains. She has undergone multilevel cervical fusion. Review of the reports show that the patient had prior EMG/NCV studies of upper extremities on September 2010; there was also reference to an EMG done at [REDACTED], showing C5 radiculopathy on the left side. The patient presents with symptoms of neck pain radiating down to both arms, right more than left; numbness and tingling in the arms, right more than left. Examination shows 5-/5 strength in the bilateral upper extremities somewhat limited by pain. Other examinations were normal. The ACOEM guidelines recommend EMG/NCV studies for the upper extremities to help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. However, the patient's diagnoses are quite clear in this case. The patient has had prior EMG/NCV studies diagnosing carpal tunnel syndrome and radiculopathy. The patient has had cervical fusion at multiple levels and has had electrodiagnostic studies following surgery. The rationale for obtaining updated electrodiagnostic studies were increased pain and weakness; however, examination only showed 5-/5 strength deficit in a setting of pain. There were no qualitative changes of the symptoms or any new injuries or change in location of symptoms to suspect a different diagnosis. There is no

guideline support for routine or repeat electrodiagnostic studies in the absence of new neurologic findings or new injury. The request is noncertified.