

Case Number:	CM13-0034159		
Date Assigned:	12/06/2013	Date of Injury:	07/20/2009
Decision Date:	12/02/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 54-year-old male with an injury date of 07/20/09. Based on the 09/11/13 progress report provided by [REDACTED], the patient complains of left hand numbness, lower neck and interscapular pain. The patient is status post left C7- T1 diagnostic facet joint medial branch block on 08/19/13. Physical examination revealed tenderness to palpation to left cervical paraspinal muscles overlying the left C6- C7 and left C7- T1 facet joints. Range of motion of the cervical spine was restricted by pain in all planes. Range of motion of the bilateral upper extremities was full and painless without instability. Current medications include Ibuprofen, anti-hypertensives, and Flexeril. Treater requests EMG with nerve conduction studies of the left upper extremity to evaluate for entrapment neuropathy or peripheral neuropathy, given the patient's new hand numbness. Review of medical records do not show previous electrodiagnostic studies. Diagnosis 09/11/13- positive fluoroscopically guided diagnostic left C7-T1 facet joint medial branch block- left C7- T1 cervical facet joint pain- cervical facet joint arthropathy- status post anterior cervical discectomy and fusion at C5- C6 and C6- C7- cervical sprain/strain- right sacroiliac joint pain- lumbar facet joint pain- lumbar facet joint arthropathy- lumbar post laminectomy syndrome L4-S1- non-industrial hypertension- non-industrial hepatitis C The utilization review determination being challenged is dated 10/02/13. The rationale follows: 1) EMG LEFT UPPER EXTREMITY: "comprehensive left upper extremity neurologic examination is not provided for review, and it is unclear how the testing results will influence future treatment..." 2) NERVE CONDUCTION STUDIES (NCS) OF THE LEFT UPPER EXTREMITY: "comprehensive left upper extremity neurologic examination is not provided for review, and it is unclear how the testing results will influence future treatment..." [REDACTED] is the requesting provider and he provided treatment reports from 07/05/13-09/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient is status post left C7- T1 diagnostic facet joint medial branch block on 08/19/13 and presents with hand numbness, lower neck and interscapular pain. The request is for EMG LEFT UPPER EXTREMITY. He is also status post anterior cervical discectomy and fusion at C5- C6 and C6- C7, date unspecified. Patient' diagnosis dated 09/11/13 included left C7- T1 cervical facet joint pain, cervical facet joint arthropathy and cervical sprain/strain. Physical examination on 09/11/13 revealed tenderness to palpation to left cervical paraspinal muscles overlying the left C6- C7 and left C7- T1 facet joints. Range of motion of the cervical spine was restricted by pain in all planes. Range of motion of the bilateral upper extremities was full and painless without instability. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) 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." The utilization review letter dated 10/02/13 stated that "comprehensive left upper extremity neurologic examination is not provided for review, and it is unclear how the testing results will influence future treatment..." Per progress report dated 09/11/13, treater requests EMG with nerve conduction studies of the left upper extremity to evaluate for entrapment neuropathy or peripheral neuropathy, since the patient presents with new hand numbness. Review of medical records do not show previous electrodiagnostic studies. Given the patient's upper extremity symptoms and ACOEM discussion, EMG is medically reasonable. The request is medically necessary and appropriate.

NERVE CONDUCTION STUDIES (NCS) OF THE LEFT UPPER EXTREMITY:

Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient is status post left C7- T1 diagnostic facet joint medial branch block on 08/19/13 and presents with hand numbness, lower neck and interscapular pain. The request is for NERVE CONDUCTION STUDIES (NCS) OF THE LEFT UPPER EXTREMITY. He is also status post anterior cervical discectomy and fusion at C5- C6 and C6- C7, date unspecified. Patient' diagnosis dated 09/11/13 included left C7- T1 cervical facet joint pain, cervical facet joint arthropathy and cervical sprain/strain. Physical examination on 09/11/13 revealed tenderness to palpation to left cervical paraspinal muscles overlying the left C6- C7 and left C7- T1 facet joints. Range of motion of the cervical spine was restricted by pain in all planes. Range of motion of the bilateral upper extremities was full and painless without instability. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) 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." The utilization review letter dated 10/02/13 stated that "comprehensive left upper extremity neurologic examination is not provided for review, and it is unclear how the testing results will influence future treatment..." Per progress report dated 09/11/13, treater requests EMG with nerve conduction studies of the left upper extremity to evaluate for entrapment neuropathy or peripheral neuropathy, since the patient presents with new hand numbness. Review of medical records do not show previous electrodiagnostic studies. Given the patient's upper extremity symptoms and ACOEM discussion, nerve conduction studies is medically reasonable. The request is medically necessary and appropriate.