MAXIMUS Federal Services

Case Number:	CM13-0042843		
Date Assigned:	12/27/2013	Date of Injury:	03/20/2001
Decision Date:	05/15/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/20/2013

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 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:

This patient is a 58-year-old male with date of injury 08/20/2001. Per the treating physician's report 06/12/2013, the listed diagnoses are history of anterior cervical decompression and fusion at C6-C7, lumbar fusion at L4-L5, L5-S1, bilateral total hip replacements, possible lumbar radiculopathy, and possible cervical radiculopathies. Presenting symptoms are neck and low back pain at 6/10 with right lower extremity numbness and tingling to the thigh as well as bilateral triceps. The treatment plan was to request consultation with [redacted], general orthopedist, to evaluate hip complaints and EMG of the upper and lower extremities as well as met panel to be drawn to monitor the patient's liver and kidney function due to his medication use. There is an electrodiagnostic consultation report from 06/19/2013 which appears to have been obtained following the treating physician request from 06/12/2013. The report dated 06/19/2013 shows that this is an abnormal study with evidence of bilateral S1 radiculopathy. Recommendation was to repeat the studies in 3 to 6 months if symptoms are progressive or not resolved and MRI of the lumbar and cervical spine for anatomic correlation of the patient's symptoms and examination findings. The findings for the upper extremity electrodiagnostic studies were negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 OF 6 OUTPATIENT EMG OF BILATERAL UPPER EXTREMITIES TO FURTHER EVALUATE RADICULAR COMPLAINTS: Overturned

Claims Administrator 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), EMG/NCV for Hand/Wrist Symptoms, page 262.

Decision rationale: This patient presents with persistent neck pain with cervical fusion at multiple levels. The patient has radiating symptoms to upper extremities. There is a request for electrodiagnostic studies of the upper extremities which was obtained on 06/19/2013. There is a file provided for this review which includes 106 pages and this file did not contain any prior electrodiagnostic studies of the upper extremities. ACOEM Guidelines recommends EMG/NCS studies of the hands and wrist symptoms to differentiate carpal tunnel syndrome and other conditions such as cervical radiculopathy. Given this patient's persistent symptoms in the upper extremities, and the history of cervical fusion, lack of prior EMG/NCS studies, EMG/NCS studies are reasonable at this juncture. The request for EMG/NCS of the bilateral upper extremities are medically necessary and appropriate.

4 OF 6 NCS OF BILATERAL UPPER EXTREMITIES TO FURTHER EVALUATE RADICULAR COMPLAINTS: Overturned

Claims Administrator 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), EMG/NCV for Hand/Wrist Symptoms, page 262.

Decision rationale: This patient presents with persistent neck pain with cervical fusion at multiple levels. The patient has radiating symptoms to upper extremities. There is a request for electrodiagnostic studies of the upper extremities which was obtained on 06/19/2013. There is a file provided for this review which includes 106 pages and this file did not contain any prior electrodiagnostic studies of the upper extremities. ACOEM Guidelines recommends EMG/NCS studies of the hands and wrist symptoms to differentiate carpal tunnel syndrome and other conditions such as cervical radiculopathy. Given this patient's persistent symptoms in the upper extremities, and the history of cervical fusion, lack of prior EMG/NCS studies, EMG/NCS studies are reasonable at this juncture. The request for EMG/NCS of the bilateral upper extremities are medically necessary and appropriate.

4 OF 6 OUTPATIENT EMG OF BILATERAL LOWER EXTREMITIES TO FURTHER EVALUATE RADICULAR COMPLAINTS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS/ACOEM Guidelines do support EMG and H-reflex studies to evaluate for focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. This patient presents with persistent low back pain with radiation to lower extremities. He has history of lumbar fusion. Review of the reports provided do not show evidence that the electrodiagnostic studies were previously obtained. There is an electrodiagnostic studies report from 06/19/2013 but this appears to have been obtained following the treating physician's request from 06/12/2013. The request for EMG of the bilateral lower extremities to further evaluate radicual complaints is medically necessary and appropriate.

4 OF 6 OUTPATIENT NCS OF BILATERAL LOWER EXTREMITIES TO FURTHER EVALUATE RADICULAR COMPLAINTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: MTUS/ACOEM Guidelines only support EMG and H-reflex studies for evaluation of lumbar spine. NCV studies were not recommended per the Official Disability Guidelines (ODG) if the patient's symptoms down the leg are presumed to be from radiculopathy. In this patient, there is no suspicion for other conditions such as peripheral neuropathies or diabetic neuropathies. Routine nerve conduction studies are not indicated when evaluating radicular symptoms from the lumbar spine. The request for NCS of the bilateral lower extremtites to further evaluate radicular complaints is not medcially necessary and approprite.