

Case Number:	CM13-0046428		
Date Assigned:	12/27/2013	Date of Injury:	07/12/2003
Decision Date:	05/28/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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 & 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. 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 with an injury date on 7/12/03. Based on the 9/12/13 progress report provided by [REDACTED] the diagnoses are: 1. Multilevel herniated nucleus pulposus, cervical spine, with moderate stenosis at C5-6, C6-7 2. Probably acute cervical radiculopathy 3. History of lumbar fusion 4. Psychological diagnosis 5. Fibromyalgia syndrome MRI of the C-spine on 8/20/13 showed 2-3mm bulging discs with moderate central and foraminal stenoses at C5-6, C6-7. Severe left and moderate right sided foraminal stenosis noted at C7-T1. Bilateral exiting nerve root compromise is seen at C7-T1. [REDACTED] is requesting electromyography and nerve conduction velocities of upper extremities. The included files do not show prior EMG/NCV studies. The utilization review determination being challenged is dated 10/11/13. [REDACTED] is the requesting provider, and he provided treatment reports from 5/7/13 to 12/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 9/12/13 progress report by the treating provider, this employee presents with "continuing neck pain and stiffness radiating down the left arm, with paresthasias down the left arm." The request is for electromyography of upper extremities. On 8/16/13, there was a change of condition, with acute exacerbations of neck pain that causes difficulty sleeping. On 9/12/13, the treating provider states the employee "will be referred to undergo EMG/NCS of the upper extremities to rule out an acute cervical radiculopathy." The MTUS guidelines indicate that "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 employee presents with persistent radicular symptoms down the left arm and electrodiagnostic studies are appropriate to differentiate radiculopathy vs peripheral neuropathy. Recommendation is for authorization.

NERVE CONDUCTION VELOCITY (NCV): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 9/12/13 progress report by the treating provider, this employee presents with "continuing neck pain and stiffness radiating down the left arm, with paresthasias down the left arm." The request is for electromyography of upper extremities. On 8/16/13, there was a change of condition, with acute exacerbations of neck pain that causes difficulty sleeping. On 9/12/13, the treating provider states the employee "will be referred to undergo EMG/NCS of the upper extremities to rule out an acute cervical radiculopathy." The MTUS guidelines indicate that "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 employee presents with persistent radicular symptoms down the left arm and electrodiagnostic studies are appropriate to differentiate radiculopathy vs peripheral neuropathy. Recommendation is for authorization.