

Case Number:	CM13-0058161		
Date Assigned:	12/30/2013	Date of Injury:	04/27/2009
Decision Date:	10/30/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 injured worker is a 51-year-old female who reported an injury on 04/27/2009. The mechanism of injury occurred when a desk fell on her head. Her diagnoses included worsening of numbness and weakness of the upper extremities due to cervical radiculopathy, status post failed surgery x 2 of the cervical spine, and post-traumatic daily headaches. The injured worker's past treatment included urine drug screens, chiropractic treatment, medications, and injections. Her diagnostic exams included an x-ray of the cervical spine, a CT scan of the cervical spine, and an electromyography performed on 02/20/2014. The injured worker's surgical history includes a fusion and discectomy to the C4-5 and C5-6 and an anterior cervical discectomy of the C3 and C4. On 01/22/2014, the injured worker complained of constant headaches and neck pains, which she rated as 7 to 9/10 without medications. She also reported worsening of pain and numbness of the right arm and hand with weakness of the right arm noted. There were also complaints of intermittent pain and numbness of the left upper extremity. The physical exam revealed decreased range of motion to the cervical spine. There were also multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, and infraspinatus muscles. She had a positive neck compression test and decreased sensory perception. The sensation to fine touch and pinprick was decreased in the first, second, third, fourth, and fifth fingers of the right hand, as well as the anterior aspect of the right forearm. An electromyography study performed on 02/20/2014 revealed normal features upon examination. The injured worker's medications included hydrocodone 10/325 mg, cyclobenzaprine 7.5 mg, gabapentin 600 mg, topiramate 50 mg, and xanax 0.5 mg. The treatment plan consisted of the use of an electromyography study for the evaluation of progressive numbness, physical therapy, and the continuation of medications. A request was received electromyography of the bilateral upper extremities and a nerve conduction velocity of the bilateral upper extremities. The rationale for

the request was to evaluation of progressive numbness. The Request for Authorization form was signed and submitted on 01/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for electromyography of the bilateral upper extremities is not medically necessary. The ACOEM Guidelines recommend special studies and diagnostic exams when a three- or four-week period of conservative care and observation fails to improve symptoms with documentation of unequivocal findings that identify specific nerve compromise on the neurologic examination. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Based on the clinical notes, the injured worker had complaints of constant neck pain and headaches, which she rated 7-9/10 on a pain scale. Her diagnoses included worsening numbness and weakness due to cervical radiculopathy, cervicogenic headaches, and status post failed surgeries times two. The clinical notes indicated that she had a previous electromyography of the bilateral upper extremities performed on 02/20/2014, which indicated no abnormal findings and an incidental finding of slowed conduction of the median nerve across this wrist. The request for additional studies is unwarranted as a recent electro diagnostic study revealed no significant abnormalities. The use of special studies is contingent on emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, and failure to progress in a strengthening program intended to avoid surgery. Since, the injured had no emergence of red flags and no indication of physiologic evidence of tissue insult or neurologic dysfunction evident by a physical exam, the request is not supported. Thus, the request for electromyography of the bilateral upper extremities is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for a Nerve Conduction Velocity of the bilateral upper extremities is not medically necessary. The ACOEM Guidelines recommend special studies and diagnostic exams when a three- or four-week period of conservative care and observation fails to improve symptoms with documentation of unequivocal findings that identify specific nerve compromise on the neurologic examination. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Based on the clinical notes, the injured worker had complaints of constant neck pain and headaches, which she rated 7-9/10 on a pain scale. Her diagnoses included worsening numbness and weakness due to cervical radiculopathy, cervicogenic headaches, and status post failed surgeries times two. The clinical notes indicated that she had a previous electromyography of the bilateral upper extremities performed on 02/20/2014, which indicated no abnormal findings and an incidental finding of slowed conduction of the median nerve across this wrist. The request for additional studies is unwarranted as a recent electro diagnostic study revealed no significant abnormalities. The use of special studies is contingent on emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, and failure to progress in a strengthening program intended to avoid surgery. Since, the injured had no emergence of red flags and no indication of physiologic evidence of tissue insult or neurologic dysfunction evident by a physical exam, the request is not supported. Thus, the request for a Nerve Conduction Velocity of the bilateral upper extremities is not medically necessary.