

Case Number:	CM13-0061741		
Date Assigned:	12/30/2013	Date of Injury:	10/18/2012
Decision Date:	07/29/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/05/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 is a 50-year-old female patient who sustained a work related injury on 10/18/2012 as result of pulling a bundle of wet sheets out of a washing machine while working as a housekeeper. The patient has complaint of neck pain with radiation to the left arm with her pain rated at 6-7/10 on the 1 to 10 pain score. Her physical examination demonstrated a cervical decreased active range of motion in all planes due to pain, tenderness of the posterior cervical and thoracic spine and paraspinal musculature. Motor strength deficit identified at the elbow flexors and extensors and grip strength of the left upper extremity. A cervical spine MRI demonstrates discogenic changes with uncovertebral bony prominence and bulging disc margins at C4-5 and C5-6, a right paracentral disc protrusion at C4-5, Left paracentral disc protrusion at C5-6 and right bony foraminal stenosis at C5-6 with compromise of the right ventral C5 nerve root and both ventral C6 nerve roots in the lateral recesses and right C6 nerve root in the neural foramen. The electromyography (EMG) study is listed as 'normal' on the PR-2 dated Jun 27, 2014. The patient's current pain management includes 800mg Ibuprofen taken three times daily and 300mg Gabapentin taken either twice or three times daily. She had a microdiscectomy of C5-6 in the past that has not subsided her pain or radicular complaint.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK (ACUTE & CHRONIC), ELECTROMYOGRAPHY (EMG) AND NERVE CONDUCTION STUDIES (NCS).

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Recommended (needle, not surface) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electro diagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). (AAEM, 1999) EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms. However, Nerve conduction studies (NCS) are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. As the patient has a complaint of left arm radicular symptoms with identifiable etiology on MRI, a collaborative Electrodiagnostic study is not necessary, particularly when 'There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy'. The requested diagnostic study provides no beneficial information in determining the patient's obvious radiculopathy of their left upper extremity. Last, as the patient has a complaint of left radicular symptomatology, the obtainment of bilateral electrodiagnostic testing is not necessary. Obtaining such study is not authorized.