

Case Number:	CM13-0062602		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2012
Decision Date:	05/27/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational Medicine, 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 an employee of [REDACTED] and has submitted a claim for cervical and lumbar spine musculoligamentous injury associated with an industrial injury date of 09/21/2012. Treatment to date has included Norco, Soma, Flurbi (NAP) Cream-LA, and Gabacyclotram. Utilization review from 11/21/2013 denied the requests for EMG of left upper extremity, NCV of right upper extremity, NCV of left upper extremity, and EMG of right upper extremity. Reasons for denial were not made available. Medical records from 2012 to 2013 were reviewed showing that patient complained of constant sharp pain in the cervical spine with radiation of pain, numbness, and weakness graded 6-7/10 in severity. Medications only helped to temporarily control symptoms. Patient likewise complained of constant sharp pain in the lumbar spine with radiation of pain, numbness, weakness. Physical examination showed tenderness and muscle spasm at the cervical and lumbar spine. Range of motion for both cervical and lumbar spine was limited. CT scan of cervical and lumbar spine was performed on 09/21/2012; however, results were not made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8 Summary of Recommendation for Evaluating and Manging Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: MTUS ACOEM guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient has been complaining of chronic cervical pain radiating to bilateral upper extremities. However, medical records submitted and reviewed do not include a comprehensive physical examination (i.e., motor strength, deep tendon reflexes, sensory evaluation, presence / absence of atrophy, among others) that will support patient's subjective complaints. The guideline criterion for presence of focal neurologic dysfunction has not been met. Therefore, the request for EMG of the left upper extremity is not medically necessary.

NCV OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8 Summary of Recommendation for Evaluating and Managing Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations.

Decision rationale: MTUS ACOEM guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. . In this case, the patient has been complaining of chronic cervical pain radiating to bilateral upper extremities. However, medical records submitted and reviewed do not include a comprehensive physical examination (i.e., motor strength, deep tendon reflexes, sensory evaluation, presence / absence of atrophy, among others) that will support patient's subjective complaints. Therefore, the request for NCV of the left upper extremity is not medically necessary.

EMG OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8 Summary of Recommendation for Evaluating and Managing Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: MTUS ACOEM guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient has been complaining of chronic cervical pain radiating to bilateral upper extremities. However, medical records submitted and

reviewed do not include a comprehensive physical examination (i.e., motor strength, deep tendon reflexes, sensory evaluation, presence / absence of atrophy, among others) that will support patient's subjective complaints. The guideline criterion for presence of focal neurologic dysfunction has not been met. Therefore, the request for EMG of the right upper extremity is not medically necessary.

NCV OF THE UPPER RIGHT EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8 Summary of Recommendation for Evaluating and Managing Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations.

Decision rationale: MTUS ACOEM guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. . In this case, the patient has been complaining of chronic cervical pain radiating to bilateral upper extremities. However, medical records submitted and reviewed do not include a comprehensive physical examination (i.e., motor strength, deep tendon reflexes, sensory evaluation, presence / absence of atrophy, among others) that will support patient's subjective complaints. Therefore, the request for NCV of the right upper extremity is not medically necessary.