

Case Number:	CM13-0070878		
Date Assigned:	01/08/2014	Date of Injury:	07/12/2013
Decision Date:	05/29/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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 Geriatrics and is licensed to practice in New York. 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 32 year old woman with a date of injury of 7/12/13. She was seen by her primary treating physician on 12/5/13 with complaints of continued neck pain radiating to the upper extremities with pain, paresthesia and numbness with headaches. Her physical exam showed spasm, tenderness and guarding in the paravertebral cervical spine with loss of range of motion. She had decreased sensation bilaterally in the C5 and C6 dermatomes with pain. Her Lexapro was changed to Paxil for depression and anxiety. Her diagnoses were posttraumatic stress disorder, cervical sprain/strain, cervical radiculopathy and shoulder tendinitis/bursitis. A prior cervical MRI showed only 1-2mm central protrusion at C3-4 but was otherwise normal. At issue in this review are EMG/NCV of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LEFT BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Electrodiagnostic Testing (Emg/Ncs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). This injured worker has already had a cervical MRI to identify structural abnormalities and it only had a minimal disc protrusion at C3-4 but was otherwise normal. The records do not support the medical necessity for an EMG left bilateral upper extremities.

NCS LEFT BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Electrodiagnostic Testing, Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 163-193.

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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). This injured worker has already had a cervical MRI to identify structural abnormalities and it only had a minimal disc protrusion at C3-4 but was otherwise normal. The records do not support the medical necessity for a NCV left of the bilateral upper extremities.