

Case Number:	CM13-0070908		
Date Assigned:	01/08/2014	Date of Injury:	10/23/2012
Decision Date:	03/26/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 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:

According to the records made available for review, this is a 38-year-old female with a 10/23/12 date of injury. At the time of request for authorization for EMG Left Upper Extremity, NCS Right Upper Extremity, NCS Left Upper Extremity, and EMG Right Upper Extremity, there is documentation of subjective (neck pain that is sharp, burning, and stabbing and radiating to the upper extremities with numbness and tingling) and objective (tenderness to palpation of the cervical spine, paraspinal muscles, both trapezius and both scapular regions) findings, current diagnosis (musculoligamentous sprain, cervical spine), and treatment to date (medications). 11/14/13 medical report identifies a request for cervical x-ray, cervical MRI, and NCS left upper extremity, NCS right upper extremity, EMG left upper extremity, and EMG right upper extremity. There is no documentation of objective findings consistent with radiculopathy/nerve entrapment, failure of additional conservative treatment (physical modalities), and that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for EMG, left upper extremity,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177 238.

Decision rationale: The Physician Reviewer's decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. ODG identifies that EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of a diagnosis of musculoligamentous sprain, cervical spine. In addition, there is documentation of subjective findings (neck pain that is sharp, burning, and stabbing and radiating to the upper extremities with numbness and tingling) and conservative treatment (medications). However, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment and failure of additional conservative treatment (physical modalities). In addition, given documentation of a subsequent request for a cervical x-ray and cervical MRI at the time of the requested EMG/NCV, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for EMG Left Upper Extremity is not medically necessary.

Decision for NCS, right upper extremity,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS).

Decision rationale: The Physician Reviewer's decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. ODG identifies that EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of a diagnosis of musculoligamentous sprain, cervical spine. In addition, there is documentation of subjective findings (neck pain that is sharp, burning, and stabbing and radiating to the upper extremities with numbness and tingling) and conservative treatment (medications). However, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment and failure of additional conservative treatment (physical modalities). In addition, given documentation of a subsequent request for a cervical x-ray and cervical MRI at the time of the requested EMG/NCV, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for NCS Right Upper Extremity is not medically necessary.

Decision for NCS, left upper extremity,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS).

Decision rationale: The Physician Reviewer's decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. ODG identifies that EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of a diagnosis of musculoligamentous sprain, cervical spine. In addition, there is documentation of subjective findings (neck pain that is sharp, burning, and stabbing and radiating to the upper extremities with numbness and tingling) and conservative treatment (medications). However, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment and failure of additional conservative treatment (physical modalities). In addition, given documentation of a subsequent request for a cervical x-ray and cervical MRI at the time of the requested EMG/NCV, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for NCS Left Upper Extremity is not medically necessary.

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documentation of a subsequent request for a cervical x-ray and cervical MRI at the time of the requested EMG/NCV, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for EMG Right Upper Extremity is not medically necessary.