

Case Number:	CM14-0001496		
Date Assigned:	01/22/2014	Date of Injury:	09/13/2010
Decision Date:	07/02/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 a 56-year-old male who has submitted a claim for post laminectomy syndrome of cervical region, spinal stenosis in the cervical region, and lumbosacral spondylosis without myelopathy associated with an industrial injury date of September 13, 2010. Medical records from 2012 to 2013 were reviewed. The patient complained of chronic neck and entire back pain with radiation to the lower extremities. Pain was described as numbness, stabbing, and throbbing that was aggravated by normal movements. Physical examination showed tenderness over the shoulders, cervical root, trapezius muscle, lumbar paraspinal muscles, posterior superior iliac spines, and sacroiliac joints; moderately restricted ROM of the cervical and lumbar spine; and positive Patrick's and SLR bilaterally. Treatment to date has included NSAIDs, opioids, muscle relaxants, anticonvulsants, antidepressants, home exercise programs, physical therapy, aquatic therapy, and surgery. Utilization review from December 5, 2013 denied the request for EMG/NCV of bilateral upper extremities due to lack of indication that there was peripheral entrapment syndromes or neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, recent progress notes show no symptoms and physical examination findings of possible radiculopathy in the upper extremities. MRI of the cervical spine done last February 8, 2013 showed no neural compression. Symptoms and physical examination findings consistent with radiculopathy are limited to the lower back and lower extremities of this patient. There is no indication for the requested procedure at this time. Therefore, the request for EMG of the bilateral upper extremity is not medically necessary.

NCV OF THE BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS).

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly radiculopathy. In this case, recent progress notes show no symptoms and physical examination findings of possible radiculopathy in the upper extremities. A comprehensive neurologic examination is not available. In addition, there were no reports of an equivocal EMG results for the upper extremities that may warrant NCV. Therefore, the request for NCV of the bilateral upper extremity is not medically necessary.