

Case Number:	CM14-0002205		
Date Assigned:	01/24/2014	Date of Injury:	11/06/2001
Decision Date:	06/09/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 sprain/strain of the cervical spine, rotator cuff tear, and back pain associated with an industrial injury date of November 6, 2001. Treatment to date has included anterior cervical fusion at C5, C6, and C7 in 2005; right carpal tunnel release in 2009, and medications such as Tylenol, Vicodin, and ibuprofen. Medical records from 2006 to 2013 were reviewed showing that patient complained of neck pain radiating to both arms. No recent physical examination findings is available for review. Utilization review from December 30, 2013 denied the request for EMG/NCV of the upper extremities due to lack of documentation on severe or progressive neurologic deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM STUDY FOR THE UPPER EXTREMITIES: Overturned

Claims Administrator 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.

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

Decision rationale: The Expert Reviewer's decision rationale: The CA 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 rationale given is to differentiate the radicular symptoms as true cervical radiculopathy or carpal tunnel syndrome, a condition he had in the past status post release in 2009. Another reason is because patient underwent cervical fusion which might have been complicated into his present presentation of radicular symptoms. The patient has been complaining of chronic cervical pain radiating to bilateral upper extremities. Guideline criteria have been met. Therefore, the request for electromyogram study for the upper extremities is medically necessary.

NERVE CONDUCTION VELOCITY STUDY FOR THE UPPER EXTREMITIES:
Overturned

Claims Administrator 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004) Special Studies And Diagnostic And Treatment Considerations.

Decision rationale: The Expert Reviewer's decision rationale: The CA 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 rationale given is to differentiate the radicular symptoms as true cervical radiculopathy or carpal tunnel syndrome, a condition he had in the past status post release in 2009. Another reason is because patient underwent cervical fusion which might have been complicated into his present presentation of radicular symptoms. The patient has been complaining of chronic cervical pain radiating to bilateral upper extremities. Guideline criteria have been met. Therefore, the request for nerve conduction velocity study for the upper extremities is medically necessary.