

Case Number:	CM14-0003024		
Date Assigned:	01/29/2014	Date of Injury:	04/05/2011
Decision Date:	06/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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 a 59-year-old female who has submitted a claim for myofascial sprain and strain of the cervical spine, multilevel degenerative disc disease, and C5-C6 radiculopathy associated with an industrial injury date of April 5, 2011. The medical records from 2013 to 2014 were reviewed. The patient complained of chronic neck pain graded 5-6/10. Physical examination showed tenderness over the cervical paraspinal muscles with minimal stiffness, slightly restricted range of motion, and radicular pain in the C5-C6 distribution with minimal weakness. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, muscle relaxants, hot/ice packs, transcutaneous electrical nerve stimulation (TENS), home exercise programs, and physical therapy. A utilization review from December 31, 2013 denied the request for electromyography (EMG)/NCV (nerve conduction velocity) both upper extremities, Qty:1, because the providers treatment plan did not include EMV/NCV testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY) FOR BOTH UPPER EXTREMITIES, QTY. 1:

Upheld

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 Procedure Summary.

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

Decision rationale: According to the CA MTUS/ACOEM Practice Guidelines, electromyography (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, the ACOEM guidelines do not recommend EMG before conservative treatment. In this case, the progress notes from November 12, 2013 reported chronic neck pain graded 5-6/10 with radicular pain in the C5-C6 distribution with minimal weakness. The patient has focal neurologic deficit. The medical necessity for EMG has been established. However, the laterality of the C5-C6 radicular pain on physical examination was not indicated. Performing an EMG on an unaffected upper extremity is not medically necessary. Therefore, the request for EMG (electromyography) for both upper extremities, Qty: 1, is not medically necessary.

NCV (NERVE CONDUCTION VELOCITY) FOR BOTH UPPER EXTREMITIES, QTY. 1: Upheld

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 Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (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, 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 electromyography (EMG) and obvious clinical signs, but is recommended if the EMG is not clearly radiculopathy. In this case, progress notes from November 12, 2013 reported chronic neck pain graded 5-6/10 with radicular pain in the C5-C6 distribution with minimal weakness. The patient's symptoms and physical examination strongly suggest the presence of radiculopathy. The ODG do not recommend NCV for obvious clinical signs of radiculopathy. Therefore, the request for NCV (nerve conduction velocity) for both upper extremities, Qty:1, is not medically necessary.