MAXIMUS Federal Services

Case Number:	CM14-0003521		
Date Assigned:	01/22/2014	Date of Injury:	07/25/2012
Decision Date:	09/08/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine and Rehabilitation 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 49-year-old female who has submitted a claim for cervical radiculopathy status post cervical fusion associated with an industrial injury date of July 25, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic neck pain with occasional pain and tingling to the left hand. Physical examination of the cervical spine showed spasm and tenderness on bilateral paravertebral muscles, loss of cervical lordosis, and restricted ROM. Motor strength of grip is 4/5 bilaterally; decreased light touch sensation over the thumb and index finger bilaterally; and biceps reflex of 2/4, brachioradial reflex of, triceps reflex of 2/4, and pronator teres reflex of 2/4 bilaterally. Treatment to date has included NSAIDs, opioids, anticonvulsants, physical therapy, cervical epidural steroid injections, and cervical fusion (12/12/13). Utilization review from December 24, 2013 denied the request for EMG/NCV of upper extremities because the patient is less than 2 weeks post-op cervical fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: California 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 patient presented with symptoms of possible persistent radiculopathy. The patient has focal neurologic deficit manifested by neck pain with tingling sensation to the left hand corroborated by findings of weakness of left hand grip, dysesthesia over the median nerve distribution, and hyporeflexia. However, the patient is less than 2 weeks post cervical fusion; there were no reports of completion of post-operative physical therapy. Recent progress notes reported that the patient was doing well with tolerable pain. There were no reports of progression of symptoms post-operatively that would warrant an EMG. There is no compelling indication for EMG at this time. The medical necessity cannot be established due to insufficient information. Therefore, the request for EMG of the bilateral upper extremities is not medically necessary.

Nerve Conduction Velocity of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction StudiesOther Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: California 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. Moreover, ODG states that NCS is 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 consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient presented with symptoms of possible persistent radiculopathy. The patient has focal neurologic deficit manifested by neck pain with tingling sensation to the left hand corroborated by findings of weakness of left hand grip, dysesthesia over the median nerve distribution, and hyporeflexia. In addition, the patient was diagnosed with cervical radiculopathy obviating the need for NCV. Lastly, there were no complaints and physical examination findings consistent with neuropathy in this case. Therefore, the request for NCV of the bilateral upper extremities is not medically necessary.