

Case Number:	CM14-0005058		
Date Assigned:	01/24/2014	Date of Injury:	05/09/2006
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/14/2014

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 39-year-old female who has submitted a claim for moderate disc herniation C5-6, status post anterior partial corpectomy and fusion C6-7 with iliac crest bone graft and instrumentation, lateral epicondylitis bilateral elbows, and bilateral wrist pain associated with an industrial injury date of May 9, 2006. Medical records from 2013 were reviewed. Patient complained of persistent cervical pain with radiation towards the left upper extremity; and episodic right elbow pain described as burning and associated with numbness into the ring and small finger. Physical examination showed crepitation with motion and muscle spasm at the cervical spine, Adson test was positive, and decreased light touch, pain, two-point discrimination on the right ulnar 1 ½ digits. MRI of the cervical spine and EMG/NCV of bilateral upper extremities results were not included in the medical records reviewed. Treatment to date has included NSAIDs, narcotics, muscle relaxants, home exercise programs, physical therapy, anterior partial corpectomy and fusion C6-7 with iliac crest bone graft and instrumentation (11/2009), and right carpal tunnel release and cubital decompression (2/19/13). Utilization review from December 24, 2013 denied the requests for EMG/NCV of bilateral upper extremities. However, reasons for denial were unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS OF RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 601-602.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow

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, the patient had surgery for the cervical spine, right carpal tunnel, and right cubital tunnel. The patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. Progress notes from December 5, 2013 reported episodic right elbow pain described as burning and associated with numbness into the ring and small finger. An EMG test is pending to be accomplished. The patient's symptoms and physical examination findings strongly suggest the presence of radiculopathy. Therefore, the request for NCV of the right upper extremity is not medically necessary.

NCS OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 601-602.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow.

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 does not clearly demonstrate radiculopathy. In this case, the patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. Progress notes from November 12, 2013 reported persistent cervical pain with radiation towards the left upper extremity. An EMG test is pending to be accomplished. There is no comprehensive neurological exam available, but the patient's symptoms strongly indicate the presence of radiculopathy. Therefore, the request for NCV of the left upper extremity is not medically necessary.

EMG OF THE RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 601-602.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow.

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

Decision rationale: According to page 238 of the 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, the patient had surgery for the cervical spine, right carpal tunnel, and right cubital tunnel. However, the patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. Progress notes from December 5, 2013 reported episodic right elbow pain described as burning and associated with numbness into the ring and small finger. The patient has focal neurologic deficit. Therefore, the request for EMG of the right upper extremity is medically necessary.

EMG OF T LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 601-602.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow.

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

Decision rationale: According to page 238 of the 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, the patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. Progress notes from November 12, 2013 reported persistent cervical pain with radiation towards the left upper extremity. The patient has focal neurologic deficit. Therefore, the request for EMG of the left upper extremity is medically necessary.