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| Case Number: | CM14-0005733 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 09/29/2007 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/19/2013 |
| Priority: | Standard | Application Received: | 01/15/2014 |

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 applicant has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 29, 2007. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; earlier cervical fusion surgery; electrodiagnostic testing of May 21, 2012, interpreted as a normal electromyography (EMG) with superimposed peripheral neuropathy secondary to a generalized systemic neuropathic process; and adjuvant medications. In a Utilization Review Report dated December 19, 2013, the claims administrator denied request for electrodiagnostic testing of the bilateral upper extremities, citing MTUS and non-MTUS Guidelines in its denial. It was stated that the applicant had a clinically-evident cervical radiculopathy and that electrodiagnostic testing was therefore superfluous. It is incidentally noted that the claims administrator did not specifically cite any of the provided guidelines in its rationale. The applicant's attorney subsequently appealed. In a February 25, 2014 pain management note, the applicant presented with multifocal neck, low back, and left upper extremity pain. The applicant also reported right knee pain. The applicant's overall pain level was 10/10, it was stated. Cervical paraspinal tenderness was noted about C5 through C7. Tenderness about the trapezius muscles was also noted. It was stated that the applicant had a cervical MRI (magnetic resonance imaging) on April 29, 2008, which was notable for compromise of the exiting nerve root at C4-C5. The applicant was given diagnosis of cervical radiculopathy status post cervical fusion surgery. The applicant was not working. Multiple medications were refilled. In a December 3, 2013 progress note, the applicant's treating provider appealed the previously denied EMG and NCS (nerve conduction study) of the bilateral upper extremities. The applicant reportedly complained of multifocal bilateral upper extremity pain, ranging from 8-10/10. The applicant reportedly had decreased sensorium about the right upper

extremity in the C7 dermatome, with multiple myofascial tenderness appreciated. The applicant's motor exam was unchanged. It was stated that the applicant had a history of herniated nucleus pulposus about the cervical spine with associated compromise of the exiting nerve root, which might be worsening. Electrodiagnostic testing was reportedly sought on the grounds that the applicant's upper extremity complaints were worsening.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, electromyography (EMG) testing is "not recommended" for a diagnosis of nerve root impingement if findings, history, physical exam, and imaging study are consistent. In this case, the attending provider has seemingly posited that the applicant has clinically-evident, radiographically-confirmed cervical radiculopathy. It is unclear why repeat electrodiagnostic testing is being sought here if the diagnosis of cervical radiculopathy has already been definitively established, both clinically and radiographically. It is not clearly stated how or if repeat electrodiagnostic testing would alter the clinical picture. Therefore, the request is not medically necessary.

NCV LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: While the MTUS/ACOEM guidelines state that electromyography (EMG) and NCV (nerve conduction velocity) testing may help identify subtle or focal neurologic dysfunction in applicants with persistent neck or arm complaints which last greater than three to four weeks. In this case, the applicant has already had earlier electrodiagnostic testing in 2012 which apparently demonstrated a systemic upper extremity polyneuropathy. Thus, the applicant already carries diagnosis of clinically-evident, radiographically-confirmed cervical radiculopathy and clinically-evident, electro-diagnostically-confirmed upper extremity polyneuropathy. It is unclear why repeat electrodiagnostic testing is being sought and/or how it would alter the treatment plan, at this stage in the life of the claim. Therefore, the request is not medically necessary.

NCV RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: While the MTUS/ACOEM guidelines state that electrodiagnostic testing, including electromyography (EMG) and NCV (nerve conduction velocity) testing can help identify subtle, focal neurologic dysfunction in applicants with neck and arm complaints which persist greater than three to four weeks. In this case; however, the applicant already has been given diagnosis of clinically-evident, radiographically-confirmed cervical radiculopathy and clinically-evident, electro-diagnostically-confirmed upper extremity polyneuropathy. It is unclear how repeat electrodiagnostic testing would influence or alter the treatment plan. Therefore, the request is not medically necessary.

EMG LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, electromyography (EMG) testing is "not recommended" in applicants in whom the diagnosis of nerve root involvement is already established via history, physical exam, and imaging study. In this case, as noted previously, the applicant already has a clinically-evident, radiographically-confirmed cervical radiculopathy. It is not clearly stated how or if repeat electrodiagnostic testing would alter or influence the treatment plan here. Therefore, the request is not medically necessary.