

Case Number:	CM14-0005933		
Date Assigned:	02/07/2014	Date of Injury:	05/08/2012
Decision Date:	07/14/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & 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 Physician 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 62-year-old female who has submitted a claim for herniated nucleus pulposus at C3-4 and C5-6 with spinal stenosis and nerve root impingement bilaterally and status post anterior cervical discectomy and fusion associated with an industrial injury date of May 5, 2012. Medical records from 2012 to 2014 were reviewed. The patient complained of chronic neck pain with radiation to bilateral shoulders and wrists. The patient also complained of lower extremity weakness and shakiness. Physical examination showed above 25% decreased ROM in the cervical spine, 4/5 MMT of the upper and lower extremities, positive cervical compression test, and normal SLR bilaterally. Electrodiagnostic study done last November 29, 2012 showed chronic C7 denervation and normal NCV. A repeat electrodiagnostic study done last December 26, 2013 showed C6 denervation and a normal NCV. Treatment to date has included NSAIDs, opioids, anticonvulsants, benzodiazepines, topical analgesics, steroid injections, physical therapy, and surgery (2/13/13). Utilization review from January 13, 2014 denied the request for EMG/NCV of upper and lower extremities. Reasons for denial are unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV OF THE UPPER EXTREMITIES: Upheld

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

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) 2014.

Decision rationale: The California MTUS guidelines do not specifically address nerve conduction studies (NCS). According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) were used instead. According to the ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the injured worker presented with symptoms of possible radiculopathy that recurred after surgery. Progress notes from January 7, 2014 reported chronic neck pain with radiation to bilateral shoulders and wrists. The injured worker's symptoms and physical examination findings strongly suggest the presence of radiculopathy. A previous electrodiagnostic study done last December 26, 2013 showed bilateral C6 denervation and a normal NCV. There were no reports of significant changes in the injured worker's condition that would necessitate a repeat NCV. Therefore, the request for NCV of the upper extremities is not medically necessary.

NCV OF THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies 2014.

Decision rationale: The California MTUS guidelines do not specifically address nerve conduction studies (NCS). According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) were used instead. According to the ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the injured worker presented with symptoms of possible radiculopathy. Progress notes from January 7, 2014 reported weakness and shakiness of the lower extremities. However, a comprehensive neurologic examination is not available. Therefore, the request for NCV of lower extremities is not medically necessary.

EMG OF THE UPPER EXTREMITIES: Upheld

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

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

Decision rationale: According to page 238 of the California MTUS 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 injured worker presented with symptoms of possible radiculopathy that recurred after surgery. Progress notes from January 7, 2014 reported chronic neck pain with radiation to bilateral shoulders and wrists. The injured worker has focal neurologic deficit. However, an electrodiagnostic study done last December 26, 2013 showed bilateral C6 denervation and a normal NCV. In addition, a cervical MRI with contrast done last January 2, 2014 showed canal stenosis and bilateral foraminal stenosis at levels C4-C5, C5-6, C6-7, and C7-T1. Furthermore, there were no reports of significant changes in the injured worker's condition. The imaging and physiologic studies done explain the injured worker's symptomatology. Medical necessity of a repeat EMG was not established. Therefore, the request for EMG of the upper extremities is not medically necessary.

EMG OF THE LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to page 303 of the ACOEM Low Back Guidelines as referenced by California MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the injured worker presented with symptoms of possible radiculopathy. Progress notes from January 7, 2014 reported weakness and shakiness of the lower extremities. The injured worker has focal neurologic deficit. Therefore, the request for EMG of lower extremities is medically necessary.