

Case Number:	CM14-0008604		
Date Assigned:	02/12/2014	Date of Injury:	01/18/2003
Decision Date:	08/04/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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:

This is a 37-year-old female with a 1/18/03 date of injury with ongoing complaints of neck pain radiating down the left arm. A progress note dated 9/17/13 noted subjective complaints of radicular pain from the neck down the left arm with numbness and tingling in the 4th and 5th left digits. Her pain on average was noted to be a 3-4/10 and she was noted to be on ibuprofen. She was noted to be working full time. The exam findings revealed no deficits of the cervical spine, but movement extension of the neck to the left side caused numbness down the left arm and hand. Increased sensitivity to light touch was noted on the left upper extremity, otherwise there were no focal neurological deficits. The patient was then authorized for acupuncture. The patient was again seen on 12/13/13 with complaints of neck and left upper extremity pain with some mild improvements in pain with the patient's recent acupuncture. The exam findings were limited and revealed a positive Tinel's sign at the left elbow with decreased sensation at the fifth finger. A cervical exam was not noted. It was also noted that gabapentin was recently started. An MRI 3/18/03 cervical spine showed mild disc protrusion at C4-5, C5-6, C6-7 and small disc bulge at C7-T1. The EMG upper extremities dated on 6/30/2006 were normal. The treatment to date includes acupuncture and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of Left Upper Extremity for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. A repeat EMG was ordered for this patient on 12/13/13 in order to confirm the possibility of a left ulnar neuropathy and rule out cervical radiculopathy as well. The patient had a normal EMG in 2006 and has had ongoing complaints of neck pain radiating down the left arm since then. A thorough cervical exam was not performed on 12/13/13, however the documentation does not demonstrate a significant change in the patient's cervical exam with regard to the progress notes provided. With regard to ulnar neuropathy, the only physical exam finding of the possibility of ulnar neuropathy was a Tinel sign at the elbow and decreased sensation of the 5th finger, which is non-specific. A thorough exam of the left upper was not performed. The patient's pain was noted to be a 3-4 on average prior to acupuncture, and then was mildly relieved with 8 sessions of acupuncture. Ulnar radiculopathy is a clinical diagnosis, and aside from acupuncture and ibuprofen there is no evidence that conservative therapy has been done for this diagnosis. Regardless, an EMG would not confirm a diagnose of ulnar neuropathy, an NCS would be required to evaluate peripheral neuropathy. Therefore, the request for an EMG of the left upper extremity was not medically necessary.