

Case Number:	CM14-0106273		
Date Assigned:	07/30/2014	Date of Injury:	07/01/2013
Decision Date:	10/06/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 60-year-old female who has submitted a claim for cervical radiculopathy associated with an industrial injury date of 07/01/2013. Medical records from 01/02/2014 to 05/27/2014 were reviewed and showed that patient complained of neck pain radiating down both shoulder girdles and into the left upper extremity with tingling and numbness. Physical examination revealed tenderness to palpation over the left upper, mid, and lower paravertebral and trapezius muscles, decreased cervical ROM with pain, negative Spurling, Adison, and Wright maneuvers, hypesthesia along left C6 dermatomal distribution. Evaluation of MMT and DTRs of upper extremities were not made available. Cervical spine MRI dated 11/21/2013 revealed C3-4 disc protrusion with left lateral recess stenosis, C4-5 disc protrusion with annular tear of posterior nucleus pulposus, and C5-6 disc protrusion. EMG/NCV of upper extremities dated 02/24/2014 revealed prolonged sensory peak latency of right median nerve. Treatment to date has included cervical percutaneous epidural decompression neuroplasty of bilateral C3 nerve root (02/07/2014), cervical percutaneous epidural decompression neuroplasty of bilateral C5 (03/19/2014), nerve root physical therapy, and acupuncture. Utilization review dated 06/12/2014 denied the request for EMG/NCV of bilateral upper extremities because the guidelines do not recommend EMG/NCV study if the subjective and objective findings suggest obvious radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 patient complained of neck pain radiating down both shoulder girdles and into the left upper extremity with tingling and numbness. Physical examination findings included negative Spurling, Adison, and Wright maneuvers and hypesthesia along left C6 dermatomal distribution. Evaluation of MMT and DTRs of upper extremities were not made available. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support EMG study. Of note, a previous EMG study of the upper extremities was already done (02/24/2014) with unremarkable results. It is unclear as to why a repeat EMG study is needed. Therefore, the request for Electromyogram of the left upper extremity is not medically necessary.

Electromyogram (EMG) of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 patient complained of neck pain radiating down both shoulder girdles and into the left upper extremity with tingling and numbness. Physical examination findings included negative Spurling, Adison, and Wright maneuvers and hypesthesia along left C6 dermatomal distribution. Evaluation of MMT and DTRs of upper extremities were not made available. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support EMG study. Of note, a previous EMG study of the upper extremities was already done (02/24/2014) with unremarkable results. It is unclear as to why a repeat EMG study is needed. Therefore, the request for Electromyogram of the right upper extremity is not medically necessary.

Nerve conduction study (NCS) of the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies; Other 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: The 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, the Official Disability Guidelines 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 complained of neck pain radiating down both shoulder girdles and into the left upper extremity with tingling and numbness. Physical examination findings included negative Spurling, Adison, and Wright maneuvers and hypesthesia along left C6 dermatomal distribution. Evaluation of MMT and DTRs of upper extremities were not made available. NCV is a reasonable option for the patient who presented with symptoms of radiculopathy. However, a previous NCV study of the upper extremities was already done (02/24/2014) with results of prolonged sensory peak latency of right median nerve. It is unclear as to why a repeat NCV study is needed. Therefore, the request for Nerve conduction study of the left upper extremity is not medically necessary.

Nerve conduction study (NCS) of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies; Other 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: The 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

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