MAXIMUS Federal Services

Case Number:	CM14-0013913		
Date Assigned:	02/21/2014	Date of Injury:	09/15/2011
Decision Date:	08/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/04/2014

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:

Patient is a 47-year-old female who has submitted a claim for cervical / lumbar radiculopathy, cervicalgia, carpal tunnel / double crush syndrome, and rule out internal derangement of right shoulder, right hip and left knee associated with an industrial injury date of 01/23/2014.Medical records from 2013 to 2014 were reviewed. Patient complained of pain at the neck and low back, aggravated by repetitive motions, prolonged positioning, pushing, pulling, reaching, and prolonged walking. Patient reported tingling and numbness sensation at bilateral upper extremities, right worse than left. Paresthesia was not noted at the lower extremities. Physical examination of the cervical spine showed tenderness, muscle spasm, and restricted range of motion. Axial loading compression test and Spurling's maneuver were positive, with extension of symptomatology in the upper extremities. Palmar compression test was positive, subsequent to Phalen's maneuver. Sensation was diminished at C6 and C7 dermatomes. Physical examination of the lumbar spine showed tenderness and painful end-range of motion. Seated nerve root test was positive. Dysesthesia was noted at L5 and S1 dermatomes. Treatment to date has included medications.Utilization review from 01/23/2014 denied the request for EMG/NCV ((Electromyogram/ Nerve conduction velocity) of bilateral upper and lower extremities because the treating provider was still awaiting MRI results; hence, an electrodiagnostic study was premature at the time of review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of neck pain associated with tingling and numbness at bilateral upper extremities. Physical examination showed positive axial loading compression test and Spurling's maneuver. Palmar compression test was likewise positive, subsequent to Phalen's maneuver. Sensation was diminished at C6 and C7 dermatomes. Clinical manifestations are consistent with focal neurologic dysfunction that may warrant this request. Therefore, the request for EMG of the bilateral upper extremities is medically necessary.

EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of low back pain without noted radiation of symptoms at the lower extremities. Physical examination showed positive seated nerve root test and dysesthesia L5 and S1 dermatomes. Focal neurologic dysfunction cannot be established due to absence of a comprehensive neurologic examination (i.e., strength testing, reflexes, and presence / absence of atrophy). The medical necessity cannot be established due to insufficient information. Therefore, the request for electromyography (EMG) of the bilateral lower extremities is not medically necessary.

NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 (NCS).

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, patient complained of low back pain without noted radiation of symptoms at the lower extremities. Physical examination showed positive seated nerve root test and dysesthesia L5 and S1 dermatomes. Clinical manifestations are not consistent with peripheral neuropathy that may warrant NCV testing. Therefore, the request for nerve conduction velocity (NCV) study of the bilateral lower extremities is not medically necessary.

NCV OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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, Carpal Tunnel Syndrome, Nerve Conduction Studies.

Decision rationale: CA 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. In this case, patient complained of neck pain associated with tingling and numbness at bilateral upper extremities. Physical examination showed positive axial loading compression test and Spurling's maneuver. Palmar compression test was likewise positive, subsequent to Phalen's maneuver. Sensation was diminished at C6 and C7 dermatomes. Current clinical impression is double crush phenomenon vs. carpal tunnel syndrome. NCV testing is a reasonable diagnostic procedure to differentiate such. Therefore, the request for NCV of bilateral upper extremities is medically necessary.