

Case Number:	CM14-0015232		
Date Assigned:	06/04/2014	Date of Injury:	10/08/2013
Decision Date:	07/11/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/06/2014

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 patient is a 62-year-old male who has submitted a claim for multilevel cervical disc disease, stenosis, and bilateral upper extremity radiculopathy associated with an industrial injury date of October 8, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of constant neck pain with radiation down the left arm to the hand. Physical examination showed cervical ROM was 50% of normal; 4/5 strength in the left rotator cuff and left deltoid; 5-/5 strength in right deltoid; 4+/5 strength in left biceps and triceps; left wrist flexion and extension are 4/5; weakness with grip and intrinsic of the left hand; 1+ reflexes over the upper and lower extremities; and numbness was noted in the left medial, lateral forearm, and hand. Treatment to date has included NSAIDs, muscle relaxants, topical analgesics, home exercise programs, and physical therapy. Utilization review from January 20, 2014 denied the request for EMG/NCV of bilateral upper extremities. Reasons for denial were unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) LEFT UPPER EXTREMITY: Overturned

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

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

Decision rationale: According to page 238 of the Elbow Disorders 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 presented with symptoms of possible radiculopathy, which persisted despite physical therapy. Recent progress notes reported that the patient complained of constant neck pain with radiation down the left arm to the hand. The patient has focal neurologic deficit. Therefore, the request for Electromyography (EMG) of the left upper extremity is medically necessary.

NERVE CONDUCTION STUDY (NCS) RIGHT UPPER EXTREMITY: 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) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS).

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are 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 radiculopathy. In this case, there were signs and symptoms of possible radiculopathy limited to the left upper extremity. There is insufficient clinical information regarding the right upper extremity that would warrant a NCS. Therefore, the request for Nerve Conduction Study (NCS) right upper extremity is not medically necessary.

NERVE CONDUCTION STUDY (NCS) LEFT UPPER EXTREMITY: 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) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS).

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are 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 radiculopathy. In this case, the patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy.

Recent progress notes reported that the patient complained of constant neck pain with radiation down the left arm to the hand. The patient's symptoms and physical examination findings strongly indicate the presence of radiculopathy. Therefore, the request for Nerve Conduction Study (NCV) of the left upper extremity is not medically necessary.

ELECTROMYOGRAPHY (EMG) RIGHT UPPER EXTREMITY: Upheld

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

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

Decision rationale: According to page 238 of the Elbow Disorders 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, there were signs and symptoms of possible radiculopathy limited to the left upper extremity. There is insufficient clinical information regarding the right upper extremity that would warrant an EMG. Therefore, the request for Electromyography (EMG) right upper extremity is not medically necessary.