

Case Number:	CM14-0016413		
Date Assigned:	04/11/2014	Date of Injury:	03/01/2001
Decision Date:	05/28/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 63 year old female with date of injury of 03/01/2001. The listed diagnoses dated 10/04/2013 are: Status post posterior stabilizing fusion L4-L5 on 03/19/2013, Status posts C4-C5, C5-C6 and C6-C7 fusion, 2011, Status post fall, possible halo around L4-L5 screws, Cervical and lumbar radiculopathy and Probable adjacent joint disease. The report shows that the patient complains of back and neck pain. She rates her back pain 3/10 and neck pain 8/10. She reports that her back is feeling better; however, her neck pain has increased over the last week following a dental procedure. The exam shows the cervical and lumbar scars are clean, dry, and intact with no signs of infections or surrounding erythema. There is tenderness to palpation to the right-sided lumbar paraspinal and cervical paraspinal with left greater than the right. Range of motion of the cervical, thoracic and lumbar spines are decreased in all planes. There is a decreased sensation on the left L5 and S1 dermatome; however sensation is intact in the upper extremities. The utilization review denied the request on 01/20/2014. The physician is requesting an EMG and NCV of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) EMG/NCS WRIST/HANDS. ACOEM GUIDELINES PAGE 262 HAS THE FOLLOWING REGARDING EMG/NCV FOR HAND/WRIST SYMPTOMS

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck and back pain. The physician is requesting a prospective request for an EMG of the upper extremities, to evaluate the possibility of surgery as referenced from the UR letter dated 01/20/2014. The ACOEM guidelines page 262 states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy." Furthermore, ACOEM page 178 states, "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Electromyography (EMG), and nerve conduction velocities (NCV), including Hâ¿¿reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Review of reports show that the patient had an EMG/NCV on 10/22/2013 with normal results. The report dated 01/15/2014 shows that the patient's physical exam has not changed. The physician does not explain what is to be accomplished with additional diagnostic studies. The ACOEM guidelines support EDX during the early phase of injury for diagnostic work up. It is not known what more can be obtained by updating an EMG/NCV studies at this juncture. There are no new injuries, no significant neurologic deterioration, and no new symptoms. Recommendation is for denial.

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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) EMG/NCS WRIST/HANDS.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck and back pain. The physician is requesting a prospective request for an EMG of the upper extremities, to evaluate the possibility of surgery as referenced from the UR letter dated 01/20/2014. The ACOEM guidelines page 262 states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy." Furthermore, ACOEM page 178 states, "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Electromyography (EMG), and nerve conduction velocities (NCV), including Hâ¿¿reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Review of reports show that the patient had an EMG/NCV on 10/22/2013 with normal results. The report dated 01/15/2014 shows that the patient's physical exam has not changed. The physician does not explain what is to be accomplished with additional diagnostic studies. The ACOEM guidelines support EDX

during the early phase of injury for diagnostic work up. It is not known what more can be obtained by updating an EMG/NCV studies at this juncture. There are no new injuries, no significant neurologic deterioration, and no new symptoms. Recommendation is for denial.