MAXIMUS Federal Services

Case Number:	CM14-0016569		
Date Assigned:	04/11/2014	Date of Injury:	04/27/2013
Decision Date:	05/28/2014	UR Denial Date:	01/23/2014
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 and Pain Management, has a subspecialty in Interventional Spine 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:

Shoulder MRI dated 8/4/13 revealed tear of supraspinatus tendon with 3cm of retraction, and degenerative tear of the anterior labrum. Thoracic MRI dated 10/17/13 revealed a 2mm disk bulge at T2-T3, a 2mm disk bulge at T9-T10, and a 2mm disk bulge at T12-L1. The patient has had no prior surgeries. [redacted] is requesting electromyography and nerve conduction velocities for bilateral upper extremities. The utilization review and determination being challenged is dated 1/23/14 and recommends denial of the Electromyography (EMG) since its use to determine cervical radiculopathy may not be predictive of outcomes in cervical surgeries, and patient may still benefit from surgery without EMG results. The Nerve Conduction Velocity (NCV) is denied because it's recommended only if the EMG is not clear regarding radiculopathy, or to differentiate radiculopathy from other neuropathies if other diagnoses may be likely based on clinical exam. [redacted] is the requesting provider, and he provided treatment reports from 7/14/13 to 1/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF BILATERAL UPPER EXTREMITIES: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Nerve Conduction Velocity) NCV/EMGS (ELECTROMYOGRAPHY) Official Disability Guidelines (ODG), Low Back. Electrodiagnostic Studies.

Decision rationale: The patient presents with pain in the neck radiating to mid-back, right arm, right elbow, mid-back, bilateral knees. The request is for electromyography of bilateral upper extremities. No previous EMG reports were mentioned in any of the progress reports provided. Examination of the 12/6/13 report revealed that the patient has right shoulder pain radiating to her elbow 50% of the time, and episodes of numbness and tingling in right upper extremity. The diagnosis did not include radiculitis but since symptomology indicates that possibility, the physician would like further testing to indicate if other neuropathies exist beyond original diagnosis. ACOEM guidelines support EMG/(Nerve Conduction Velocity) NCV studies to differentiate radiculopathy vs. CTS. ODG guidelines state that, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy." In this case, given the patient's radiating symptoms, electrodiagnostic studies may be helpful and supported by the guidelines. Recommendation is for authorization.

NERVE CONDUCTION VELOCITIES (NCV) BILATERAL UPPER EXTREMITIES: Overturned.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back. Electrodiagnostic Studies

Decision rationale: The patient presents with pain in the neck radiating to mid-back, right arm, right elbow, mid-back, bilateral knees. The request is for Nerve Conduction Velocity (NCV) studies of the bilateral upper extremities. No prior NCV reports were mentioned in any of the progress reports provided. Examination of the 12/6/13 report revealed that the patient has right shoulder pain radiating to her elbow 50% of the time, and episodes of numbness and tingling in right upper extremity. ACOEM guidelines support NCV studies for evaluation of upper extremity symptoms. In this case, electrodiagnostic studies may be helpful to evaluate the patient's upper extremity symptoms and the guidelines support it. Recommendation is for authorization.