

Case Number:	CM14-0016838		
Date Assigned:	02/21/2014	Date of Injury:	10/01/2010
Decision Date:	08/04/2014	UR Denial Date:	01/29/2014
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 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 32-year-old male who has submitted a claim for a cervical intervertebral disks displacement without myelopathy, cervical radiculopathy, cervical facet joint syndrome, lumbar intervertebral disks displacement without myelopathy, and lumbar facet joint syndrome associated with an industrial injury date of October 1, 2010. Medical records from 2013 were reviewed. The patient complained of neck pain radiating to the right upper extremity, graded 5/10 in severity. Alleviating factors included rest, physical therapy, and heat application. Physical examination showed tenderness at the acromioclavicular joint, anterior labrum, supraspinatus, and infraspinatus at the right. There was occipital tenderness at the right trapezius and right scapula. Phalen's test and Tinel's signs were positive at the right. Reflexes and sensation were normal. Weakness was noted at bilateral upper extremities. Distraction test, Spurling test, and foramina compression tests were positive on the right. Electrodiagnostic study of bilateral upper extremities, dated April 8, 2013, demonstrated abnormal NCV, SSEP of the upper extremities in a pattern consistent with a right carpal tunnel syndrome, left cubital tunnel syndrome, bilateral ulnar neuropathy at the wrist which is consistent with constriction at Guyon's tunnel and a possible cervical radiculopathy; abnormal EMG study of the cervical spine and upper extremities in a pattern consistent with a right C5 radiculopathy and bilateral C7 radiculopathies. MRI of the cervical spine, dated January 6, 2012, showed multilevel disc desiccation with effacement of the thecal sac, and bilateral neuroforaminal stenosis effacing the right C4, C5, and C7 exiting nerve roots. The treatment to date has included use of a TENS unit, extracorporeal shockwave therapy, physical therapy, chiropractic care, and medications. Utilization review from January 29, 2014 denied the requests for EMG/NCV of bilateral upper extremities as there was no comprehensive objective clinical assessment performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) FOR LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand Chapter, Electromyography.

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

Decision rationale: California 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 radiating to the right upper extremity. There was no subjective complaint pertaining to the left arm. Physical examination of the left upper extremity showed weakness. There were no other significant objective findings that may show evidence of radiculopathy. Moreover, electrodiagnostic study was already accomplished on 04/08/2013 showing left cubital tunnel syndrome, bilateral ulnar neuropathy at the wrist and bilateral C7 radiculopathies. There is no clear indication for repeating EMG at this time. Therefore, the request for EMG of the left upper extremity is not medically necessary.

NERVE CONDUCTION STUDIES (NCS) FOR RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 11, Diagnostic Evaluations, Nerve Conduction Velocity Study.

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: 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. In this case, patient complained of neck pain radiating to the right upper extremity. Physical examination of the right upper extremity showed weakness, normal reflex, normal sensation, positive Phalen's test, Tinel's sign, distraction test, Spurling test, and foramina compression test. However, electrodiagnostic study, dated April 8, 2013, demonstrated right carpal tunnel syndrome, bilateral ulnar neuropathy at the wrist, right C5 radiculopathy and bilateral C7 radiculopathies. Radiculopathy has been clearly defined by previous diagnostic

testing; presence of radiculopathy is not an indication for NCV. Likewise, there is no compelling rationale for a repeat NCV at this time. Therefore, the request for NCV of the right upper extremity is not medically necessary.

NERVE CONDUCTION STUDIES (NCS) FOR LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 11, Diagnostic Evaluations, Nerve Conduction Velocity Study.

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: 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. In this case, patient complained of neck pain radiating to the right upper extremity. There was no subjective complaint pertaining to the left arm that may show evidence of neuropathy. Moreover, electrodiagnostic study was already accomplished on 04/08/2013 showing left cubital tunnel syndrome, bilateral ulnar neuropathy at the wrist and bilateral C7 radiculopathies. There is no clear indication for repeating NCV at this time. Therefore, the request for NCV of the left upper extremity is not medically necessary.

ELECTROMYOGRAPHY (EMG) FOR RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand Chapter, Electromyography.

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Decision rationale: California 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 radiating to the right upper extremity. Physical examination of the right upper extremity showed weakness, normal reflex, normal sensation, positive Phalen's test, Tinel's sign, distraction test, Spurling test, and foramina compression test. However, electrodiagnostic study, dated April 8, 2013, demonstrated right carpal tunnel syndrome, bilateral ulnar neuropathy at the wrist, right C5 radiculopathy and bilateral C7 radiculopathies. There is no compelling rationale for a repeat EMG at this time. Therefore, the request for EMG of the right upper extremity is not medically necessary.

