

Case Number:	CM14-0115874		
Date Assigned:	08/04/2014	Date of Injury:	06/16/2004
Decision Date:	09/25/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/23/2014

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 Family 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:

This is a 53 year old female who reported an industrial injury to the upper extremities on 6/16/2004, over ten (10) years ago, attributed to the performance of customary job tasks. The patient was reported to complain of neck and left upper extremity inclusive of the shoulder and hand pain. The pain was reported as worse than the last office visit. The objective findings on examination included diminished range of motion of the cervical spine; tenderness in the left ulnar nerve; tingling on the left with a firm grip; straight leg rise was negative; pain to the left first and third digits of the left hand; Phalen's and Tinel's test were negative; neurological examination was reported as normal. The patient was prescribed Celebrex, Zanaflex, hydrocodone, Topamax, and Wellbutrin. The patient was noted to of had a laminoplasty with arthrodesis C3 through C5 also hemilaminectomy C2-C6 dated 12/17/2010. X-rays of the cervical spine documented evidence of disc degeneration C5-C6 and C6-C7 with evidence of a large laminectomy with metal placement posteriorly C3, C4, and C5. The diagnosis was neck sprain/strain and AC joint ligament sprain. The treatment plan included a right/left upper extremity Electromyography (EMG) / Nerve conduction (NCV).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck & upper back, electromyography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261; 303, 301, 298; 48, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--electromyography; Carpal tunnel syndrome--EDS.

Decision rationale: The patient was noted to complain of worsening pain to the neck and left upper extremity. There were no complaints or neurological deficits documented for the right upper extremity. The patient was requested to have an electromyography (EMG) of the right upper extremity directed to the diagnosis of neck and left upper extremity (LUE) pain. There is no documentation of any neurological deficits to the right upper extremity (RUE). There was no noted neurological deficits to the RUE in addition to the cited symptoms to the LUE. The objective findings on examination as documented were limited to the tenderness with palpation and no demonstrated neurological deficits to the RUE. There were no complaints to the RUE other than subjective complaints, and there were no documented objective findings to the RUE that included sensory or motor deficits. There were no peripheral neurological findings or motor/sensory deficits along a dermatomal distribution that would meet the criteria for the authorization of electrodiagnostic studies of the RUE for an evaluation of a nerve compression neuropathy or radiculopathy. The EMG of the RUE was ordered as a screening test. The request for the authorization of the EMG of the right upper extremity was not supported with any objective clinical findings that demonstrate a neurological deficit or change in neurological status to the RUE in relation to the date of injury.

NCV (nerve conduction) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Nerve conduction velocities.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 261; 303, 301, 298; 48, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--electromyography; Carpal tunnel syndrome--EDS.

Decision rationale: The patient was noted to complain of worsening pain to the neck and left upper extremity. There were no complaints or neurological deficits documented for the right upper extremity. The patient was requested to have nerve conduction (NCV) of the right upper extremity directed to the diagnosis of increased neck and left upper extremity (LUE) pain. There is no documentation of any neurological deficits to the right upper extremity (RUE). There were no noted neurological deficits to the RUE in addition to the reported objective findings on examination. The objective findings on examination as documented were limited to the

tenderness with palpation and no demonstrated neurological deficits to the RUE. There were no complaints to the RUE other than subjective complaints and there were no documented objective findings to the RUE that included sensory or motor deficits. There were no peripheral neurological findings or motor/sensory deficits along a dermatomal distribution that would meet the criteria for the authorization of electrodiagnostic studies of the RUE for an evaluation of a nerve compression neuropathy or radiculopathy. The NCV of the RUE was ordered as a screening test. The request for the authorization of the NCV of the right upper extremity was not supported with any objective clinical findings that demonstrate a neurological deficit or change in neurological status to the RUE in relation to the date of injury. There is no demonstrated medical necessity for a NCV of the right upper extremity.