

Case Number:	CM14-0117779		
Date Assigned:	08/06/2014	Date of Injury:	06/20/2013
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/25/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 injured worker is a 58-year-old gentleman with a date of injury of 06/20/2013. The submitted and reviewed documentation did not identify the specific mechanism of injury. A consultation by [REDACTED] dated 04/08/2014 and office visit notes by [REDACTED] dated 05/25/2014 and 06/28/2014 indicated the worker was experiencing neck pain that went into primarily the right arm with numbness and tingling in the right fingers 3, 4, and 5; at times fingers 1 and 2 were also involved. Recorded examinations consistently showed mildly decreased motion in the neck joints, but sensation and strength involving the neck and arms were normal. The submitted and reviewed documentation concluded the worker was suffering from cervical spondylosis with the possibility of radiculopathy involving a nerve root from the neck (C5 and/or C6). Treatment recommendations included continuation of the worker's home and work exercise programs and continued oral over-the-counter-medication. A Utilization Review decision by [REDACTED] was rendered on 06/25/2014 recommending non-certification for electromyography (EMG) and nerve conduction velocity (NCV) studies of the right and left arms.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG 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 (EMG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, page(s) 165-188; Forearm, Wrist, and Hand Complaints, page 261 Page(s): 165-188; 261.

Decision rationale: The MTUS Guidelines recommend the use of electromyography (EMG) to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms. Another reason an EMG is recommended is to clarify nerve root dysfunction in cases when a bulging disc in the upper spine is suspected before treatment with surgery. This study is also recommended in the diagnosis of nerve root problems when the documented history, examination, and imaging studies are consistent. In addition, an EMG is recommended to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into primarily the right arm with numbness and tingling in the right fingers 3, 4, and 5; at times fingers 1 and 2 were also involved. Recorded examinations consistently showed mildly decreased motion in the neck joints, but sensation and strength involving the neck and arms were normal. The submitted and reviewed documentation concluded the worker was suffering from cervical spondylosis with the possibility of radiculopathy involving a nerve root from the neck. Surgery for a bulging disc was not planned. There was no discussion of a concern for possible carpal tunnel syndrome. There also were no objective signs of radiculopathy. In the absence of such evidence, the current request for an EMG of the right arm is not medically necessary.

NCV 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 Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, page(s) 165-188; Forearm, Wrist, and Hand Complaints, page 261 Page(s): 165-188; 261.

Decision rationale: The MTUS Guidelines recommend the use of nerve conduction velocity (NCV) studies to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into primarily the right arm with numbness and tingling in the right fingers 3, 4, and 5; at times fingers 1 and 2 were also involved. Recorded examinations consistently showed mildly decreased motion in the neck joints, but sensation and strength involving the neck and arms were normal. The submitted and reviewed documentation concluded the worker was suffering from cervical spondylosis with the possibility of radiculopathy involving a nerve root from the neck. There was no discussion of a concern for possible carpal tunnel syndrome. There also were no objective signs of radiculopathy. In the

absence of such evidence, the current request for NCV of the right arm is not medically necessary.

EMG left 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 (EMG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, page(s) 165-188; Forearm, Wrist, and Hand Complaints, page 261 Page(s): 165-188; 261.

Decision rationale: The MTUS Guidelines recommend the use of electromyography (EMG) to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms. Another reason an EMG is recommended is to clarify nerve root dysfunction in cases when a bulging disc in the upper spine is suspected before treatment with surgery. This study is also recommended in the diagnosis of nerve root problems when the documented history, examination, and imaging studies are consistent. In addition, an EMG is recommended to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into primarily the right arm with numbness and tingling in the right fingers 3, 4, and 5; at times fingers 1 and 2 were also involved. Recorded examinations consistently showed mildly decreased motion in the neck joints, but sensation and strength involving the neck and arms were normal. The submitted and reviewed documentation concluded the worker was suffering from cervical spondylosis with the possibility of radiculopathy involving a nerve root from the neck. Surgery for a bulging disc was not planned. There was no discussion of a concern for possible carpal tunnel syndrome. There also were no objective signs of radiculopathy. In the absence of such evidence, the current request for an EMG of the left upper arm is not medically necessary.

NCV left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, page(s) 165-188; Forearm, Wrist, and Hand Complaints, page 261 Page(s): 165-188; 261.

Decision rationale: The MTUS Guidelines recommend the use of nerve conduction velocity (NCV) studies to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into primarily the right arm with numbness and tingling in the right fingers 3, 4, and 5; at times fingers 1 and 2 were also involved. Recorded examinations consistently showed mildly decreased motion in the neck joints, but sensation and strength

involving the neck and arms were normal. The submitted and reviewed documentation concluded the worker was suffering from cervical spondylosis with the possibility of radiculopathy involving a nerve root from the neck. There was no discussion of a concern for possible carpal tunnel syndrome. There also were no objective signs of radiculopathy. In the absence of such evidence, the current request for NCV of the left arm is not medically necessary.