

Case Number:	CM14-0122038		
Date Assigned:	08/06/2014	Date of Injury:	08/16/2008
Decision Date:	09/11/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/02/2014

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 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 injured worker is a 49-year-old female who reported an injury on 08/16/2008. The mechanism of injury was not provided for clinical review. The diagnoses included cervical disc degeneration, status post cervical disc arthroplasty, brachial neuritis or radiculitis, unspecified myalgia and myositis, and intentional tremor, bilateral upper extremity. Within the clinical note dated 07/18/2014, it was reported the injured worker complained of pain in the right posterior shoulder blade, which radiated to the right arm to the dorsal forearm. Upon the physical examination, the provider noted the active range of motion of the cervical spine was decreased with right side bending and extension/flexion due to pain and guarding. The injured worker had a positive Spurling's test with extension and right side bending. The provider indicated the injured worker's motor strength was 5/5 and equal in the upper extremities. Reflexes were 2+ and equal in the upper extremity. The provider indicated sensation was intact and equal in the upper extremities. The provider noted myofascial trigger points of the right neck and shoulder girdle, which are tender to palpation. The provider requested an EMG to evaluate for cervical radiculopathy, and nerve conduction study to evaluate cervical radiculopathy and peripheral neuropathy. The Request for Authorization was submitted and dated 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Needle Electromyography (EMG) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 178. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Neck and Upper Back Procedure Summary last updated 04/14/2014 - Maximum standards for electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for needle electromyography (EMG) right upper extremity is not medically necessary. The California MTUS Guidelines note for patients who are presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fail to improve symptoms. The guidelines note electromyography and nerve conduction velocities, including H-reflex tests may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. There is lack of significant neurological deficit, such as decreased sensation, or motor strength in a specific dermatomal or myotomal distribution. There's lack of documentation indicating the injured worker had tried and failed on at least 4 to 6 weeks of conservative therapy. Therefore, the request is not medically necessary.

Needle Nerve Conduction Studies (NCS) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Neck and Upper Back Procedure Summary last updated 04/14/2014 - NCSs (nerve conduction studies).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Nerve Conduction Studies.

Decision rationale: The request for a NCV study of the right upper extremity is not medically necessary. The Official Disability Guidelines (ODG), do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by an EMG and obvious clinical signs. However, recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies and non-neuropathic process of diagnosis may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. There is lack of significant neurological deficits such as decreased sensation or restraint in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.