

Case Number:	CM14-0129746		
Date Assigned:	08/20/2014	Date of Injury:	05/23/2001
Decision Date:	09/23/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/14/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62-year-old female who reported an injury on 05/23/2001. The mechanism of injury was not provided for clinical review. The diagnoses included brachial neuritis/radiculitis, chronic pain due to trauma, sprain/strain of the lumbosacral, cervical spondylosis without myelopathy, trigger point trigger finger, and pain in joint of the lower leg. Previous treatments included swimming, and medications. Diagnostic testing included MRI and a CT scan. Within the clinical note dated 08/08/2014, it was reported that the injured worker complained of neck, and bilateral knee pain. The injured worker described the cervical spine pain as aching, stabbing, grinding, tingling, numbness, and headaches. She rated her pain 7/10 in severity. The injured worker complained of right knee pain, which she rated 9/10 in severity. She complained of left knee pain, which she rated 9/10 in severity. Upon the physical examination, the provider noted tightness in the paracervical musculature bilaterally rated moderate. The injured worker had tenderness to palpation of the right trapezius, mild on the left. The range of motion was forward flexion at 10 degrees, and extension at 35 degrees. The injured worker had a positive carpal tunnel test on the right and slight on the left. Upon examination of the left knee, the provider noted restricted lateral excursion. The range of motion was 120 degrees of flexion and full extension. The injured worker had tenderness to palpation of the medial patella joint line. The provider noted the right knee had restricted medial and lateral excursion of the patella. The range of motion was 120 degrees of flexion, and -3 degrees of extension. The request submitted is for an EMG to the right upper extremity and left upper extremity and an NCV of the right upper extremity and left upper extremity. However, a rationale was not provided for clinical review. The Request for Authorization was provided and dated on 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (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.

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

Decision rationale: The California MTUS ACOEM Guidelines note for most patients presenting with true neck or upper back problems, special studies are not needed unless there is a 3 or 4-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Electromyography and nerve conduction velocities including H-reflex tests may help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. There is a lack of documentation indicating that the injured worker had tried and failed conservative treatment. There is a lack of significant neurological deficit, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request for Electromyography (EMG) right upper extremity is not medically necessary.

Nerve conduction study (NCS) 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG Neck and Upper Back, Nerve Conduction Studies.

Decision rationale: The California MTUS/ COEM Guidelines note nerve conduction studies including H-reflex tests may help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. In addition, the Official Disability Guidelines do not recommend a nerve conduction velocity to demonstrate radiculopathy if radiculopathy has already been clearly identified by electromyography and obvious clinical signs, but recommend it if the electromyography is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy for other neuropathies or non-neuropathic process if the 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 deficit, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is a lack of documentation indicating the injured worker tried and failed conservative treatment. Therefore, the request for Nerve conduction study (NCS) right upper extremity is not medically necessary.

Electromyography (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.

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

Decision rationale: The California MTUS ACOEM Guidelines note for most patients presenting with true neck or upper back problems, special studies are not needed unless there is a 3 or 4-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Electromyography and nerve conduction velocities including H-reflex tests may be help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. There is a lack of documentation indicating that the injured worker had tried and failed conservative treatment. There is a lack of significant neurological deficit, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request for Electromyography (EMG) left upper extremity is not medically necessary.

Nerve conduction study (NCS) 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG) Neck and Upper Back, Nerve Conduction Studies.

Decision rationale: The California MTUS ACOEM Guidelines note nerve conduction studies including H-reflex tests may help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. In addition, the Official Disability Guidelines do not recommend a nerve conduction velocity to demonstrate radiculopathy if radiculopathy has already been clearly identified by electromyography and obvious clinical signs, but recommend it if the electromyography is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy for other neuropathies or non-neuropathic process if the 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 deficit, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is a lack of documentation indicating the injured worker tried and failed conservative treatment. Therefore, the request for Nerve conduction study (NCS) left upper extremity is not medically necessary.