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| Case Number: | CM14-0155016 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 06/06/2013 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 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 29-year-old male who sustained a remote industrial injury on 06/06/13 diagnosed with cervical sprain/strain and cervicobrachial syndrome. Mechanism of injury occurred as a result of prolonged neck flexion while working as a cashier, resulting in gradual neck pain. The request for EMG (electromyography) Right Upper Extremity and NCV (nerve conduction velocity) Right Upper Extremity was non-certified at utilization review due to the diagnosis of radiculopathy being clearly established by clinical findings including a cervical MRI. The most recent progress note provided is 08/18/14. This progress report is handwritten and barely legible. It appears the patient complains primarily of neck pain with flexion that affects the right upper extremity. Physical exam findings appear to reveal spasm is present, decreased range of motion of the neck, decreased right biceps reflex, decreased sensation at the right C6 dermatome, and the compression test causes neck pain. Current medications are not listed but it is noted that the patient defers medications due to the side effect of gastritis. It is also noted that the patient has completed conservative care and defers injections. The treating physician is requesting an interferential unit to help the pain control and an EMG/NCV based on the reduced right biceps reflex and C6 dermatome sensation. Provided documents include a prior utilization review, previous progress reports, patient questionnaire forms, physical therapy progress notes, a supplemental medical report, and daily acupuncture treatment notes. The patient's previous treatments include chiropractic care, TENS unit, physical therapy, acupuncture, and medications. Imaging studies are not provided but an MRI of the cervical spine, performed on 10/29/13, is referenced as revealing a tiny broad central disc protrusion at the C3-C4 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (nerve conduction velocity) Right Upper Extremity QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): NCV (nerve conduction velocity)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve conduction studies (NCS)

Decision rationale: According to ACOEM guidelines, "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, 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, the patient presents with neck and right arm symptoms with neurologic dysfunction upon examination. ODG further highlights, NCV's are "not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs." In this case, provided documentation highlights obvious clinical findings of radiculopathy, including decreased sensation in the right C6 dermatome and decreased right biceps reflex. Further, an MRI has been performed but this imaging study is not included in the medical records provided. As such, the request for NCV (nerve conduction velocity) Right Upper Extremity QTY: 1 is not medically necessary.

EMG (electromyography) Right Upper Extremity QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): EMG (electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electromyography (EMG)

Decision rationale: According to ACOEM guidelines, "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, 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, the patient presents with neck and right arm symptoms with neurologic dysfunction upon examination. ODG further highlights, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In this case, provided documentation highlights obvious clinical findings of radiculopathy, including decreased sensation in the right C6 dermatome and decreased right biceps reflex. Further, an MRI has been performed but this imaging study is not included in the medical records provided. As such, the request for EMG (electromyography) Right Upper Extremity QTY: 1 is not medically necessary.

