

Case Number:	CM14-0157270		
Date Assigned:	09/30/2014	Date of Injury:	05/08/2014
Decision Date:	10/31/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 55-year-old male who reported an injury on 05/08/2014. The mechanism of injury was a fall from a ladder. Diagnoses included cervicalgia/neck pain, cervical sprain/strain, and contusions to the right wrist, neck and thoracic spine. Past treatments included chiropractic manipulation, physical therapy, and medications. Diagnostic studies included an MRI of the cervical spine on 07/25/2014, which revealed broad based disc osteophyte complex at C4-5, and C5-6; multilevel cervical arthropathy and neural foraminal stenosis, which is most severe on the left at C5-6 and C4-5 levels; and no cord compression or evidence of myelopathy. An official nerve conduction study completed on 08/30/2014 revealed evidence that would be most consistent with a bilateral lumbar radiculopathy, most likely involving the C6 nerve root. The clinical note dated 08/29/2014, indicated the injured worker complained of pain in the neck, mid back, and right wrist. The physical exam revealed pain with cervical spine range of motion and tenderness to palpation in the cervical and thoracic paraspinal musculature. Current medications included diclofenac ER 100 mg and omeprazole 20 mg. The treatment plan included EMG study of the bilateral upper extremities. The rationale for the treatment plan was to investigate the cause of the neuropathic pain in the upper extremities. The Request for Authorization form was completed on 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) study of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 180, 179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Electromyography (EMG)

Decision rationale: The California MTUS/ACOEM Guidelines indicate that EMG may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines go on to state that cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy. The clinical documentation provided indicated the injured worker complained of pain in his neck, mid back, and right wrist. An official nerve conduction study completed on 08/30/2014, revealed evidence that would be most consistent with a bilateral lumbar radiculopathy most likely involving the C6 nerve root. There is a lack of documentation to indicate the need for EMG of the upper extremities in addition to the previous nerve conduction study. Additionally, there is a lack of documentation of physical exam findings of neuropathy. Therefore, the treatment plan cannot be supported at this time, and the request for EMG (electromyography) study of the Right Upper Extremity is not medically necessary.

EMG (Electromyography) study of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 180, 179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Electromyography (EMG)

Decision rationale: The California MTUS/ACOEM Guidelines indicate that EMG may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines go on to state that cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy. The clinical documentation provided indicated the injured worker complained of pain in his neck, mid back, and right wrist. An official nerve conduction study completed on 08/30/2014, revealed evidence that would be most consistent with a bilateral lumbar radiculopathy most likely involving the C6 nerve root. There is a lack of documentation to indicate the need for EMG of the upper extremities in addition to the previous nerve conduction study. There is also a lack of subjective complaints or physical exam findings involving the left upper extremity. Therefore the treatment plan cannot be supported at this time, and the request for EMG (electromyography) study of the left upper extremity is not medically necessary.