

Case Number:	CM14-0179121		
Date Assigned:	11/03/2014	Date of Injury:	06/23/2009
Decision Date:	12/24/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/28/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 58 year old man who sustained a work-related injury on June 23 2009. Subsequently, the patient developed chronic neck pain. According to a progress report dated on October 10, 2014, the patient was complaining of headache and neck pain radiating to both upper extremities, low back pain and left knee pain. The patient physical examination demonstrated cervical tenderness with reduced range of motion, reduced grip strength and reduced sensation in the left upper extremity. An EMG nerve conduction studies performed on April 10, 2012 the demonstrated evidence of cervical radiculopathy involving the bilateral C5-C6 roots and bilateral median neuropathy. The patient was diagnosed with cervical radiculopathy, myelopathy and lateral epicondylitis. The provider requested authorization for EMG nerve conduction studies of both upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of cervical and left upper extremity (LUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178,303.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study 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 (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). There is no documentation of peripheral nerve damage, cervical radiculopathy and entrapment neuropathy that requires electrodiagnostic testing. There is documentation of significant change in the patient's condition since 2012 date of the last EMG/NCV. Therefore, the request for EMG/NCS of cervical and left upper extremity (LUE) is not medically necessary.