

Case Number:	CM14-0028751		
Date Assigned:	06/11/2014	Date of Injury:	07/27/1993
Decision Date:	07/18/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 71-year-old female who reported an injury on 07/27/1993. The mechanism of injury was not provided for review. The injured worker's extensive treatment history included an EMG/NCV of the bilateral upper extremities on 07/27/2010 that documented nerve root irritation at the left C7, and an MRI dated 08/23/2006 that concluded there was spinal stenosis of the C4-5 and C5-6. The injured worker was evaluated on 12/18/2013. It was documented that the injured worker had ongoing pain complaints of the cervical spine that radiated into the bilateral upper extremities which caused the injured worker to have an increase in dropping objects. Physical findings included restricted range of motion of the cervical spine with a Spurling's maneuver that caused pain but no radicular symptoms. There was significant tenderness over the cervical facets from the C2 to the C3 bilaterally. There was decreased sensation over the thumb index finger and little finger bilaterally. The injured worker's diagnoses included cervical spinal stenosis, muscle spasming, extremity pain, cervical pain, and occipital neuralgia. A request was made for an electrodiagnostic study of the bilateral upper extremities and an MRI of the cervical spine on 12/26/2013 due to increasing neurological symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

(EMG)ELECTROMYOGRAPHY 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 rationale: The requested EMG (electromyography) for the left upper extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for focal neurological deficits that require clarification of pain generators. The clinical note dated 12/18/2013 does indicate that the injured worker had a progression in symptoms and has had an increase in dropping items due to numbness and tingling of the bilateral upper extremities. However, the clinical documentation submitted for review does provide inconsistencies within the clinical examination. Initially, it is reported that the Spurling's maneuver is positive for pain but not radicular symptoms. Later in the report it is documented that the Spurling's maneuver was positive for paresthesia of the bilateral hands. Due to inconsistencies in the documentation, the need for electrodiagnostic studies is not supported. As such, the requested EMG (electromyography) for the left upper extremity is not medically necessary or appropriate.

(EMG)ELECTROMYOGRAPHY 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 rationale: The requested EMG (electromyography) for the right upper extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for focal neurological deficits that require clarification of pain generators. The clinical note dated 12/18/2013 does indicate that the injured worker had a progression in symptoms and has had an increase in dropping items due to numbness and tingling of the bilateral upper extremities. However, the clinical documentation submitted for review does provide inconsistencies within the clinical examination. Initially, it is reported that the Spurling's maneuver is positive for pain but not radicular symptoms. Later in the report it is documented that the Spurling's maneuver was positive for paresthesia of the bilateral hands. Due to inconsistencies in the documentation, the need for electrodiagnostic studies is not supported. As such, the requested EMG (electromyography) for the right upper extremity is not medically necessary or appropriate.

(NCS) NERVE CONDUCTION STUDY 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 rationale: The requested nerve conduction study (NCS) for the right upper extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for focal neurological deficits that require clarification of pain generators. The clinical note dated 12/18/2013 does indicate that the injured worker had a progression in symptoms and has had an increase in dropping items due to numbness and tingling of the bilateral upper extremities. However, the clinical documentation submitted for review does provide inconsistencies within the clinical examination. Initially, it is reported that the Spurling's maneuver is positive for pain but not radicular symptoms. Later in the report it is documented that the Spurling's maneuver was positive for paresthesia of the bilateral hands. Due to inconsistencies in the documentation, the need for electrodiagnostic studies is not supported. As such, the requested nerve conduction study (NCS) for the right upper extremity is not medically necessary or appropriate.

(NCS) NERVE CONDUCTION STUDY LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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Decision rationale: The requested nerve conduction study (NCS) for the left upper extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for focal neurological deficits that require clarification of pain generators. The clinical note dated 12/18/2013 does indicate that the injured worker had a progression in symptoms and has had an increase in dropping items due to numbness and tingling of the bilateral upper extremities. However, the clinical documentation submitted for review does provide inconsistencies within the clinical examination. Initially, it is reported that the Spurling's maneuver is positive for pain but not radicular symptoms. Later in the report it is documented that the Spurling's maneuver was positive for paresthesia of the bilateral hands. Due to inconsistencies in the documentation, the need for electrodiagnostic studies is not supported. As such, the requested nerve conduction study (NCS) for the left upper extremity is not medically necessary or appropriate.