Case Number:	CM14-0035923		
Date Assigned:	06/23/2014	**Date of Injury:**	12/30/2009
Decision Date:	08/29/2014	**UR Denial Date:**	02/26/2014
Priority:	Standard	**Application Received:**	03/24/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 an insulation installer who sustained an injury on 12/30/09. The injury caused neck, left shoulder, and low back pain which were attributed to repetitive work activities. Imaging studies have shown cervical spondylosis at C5-6 and C6-7 with mild bilateral neuroforaminal encroachment. His current complaints include constant neck pain with pain radiating into arms, bilateral shoulder pain, numbness in the hands and essential tremor in the upper extremities. It is noted that he has a positive Tinel and Phalen's sign in both wrists with a possible diagnosis of carpal tunnel syndrome. He has not worked since 2010. The primary treating physician has requested electromyography of the bilateral upper extremities, nerve conduction velocities (sensory) bilateral upper extremities and nerve conduction velocities (motor) bilateral upper extremities to rule out carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities RFA 2-18-14 QTY: 1.00: Upheld

Claims Administrator 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, Neck and Upper Back (updated 12/16/13), Electromyography (EMG).

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), Carpal tunnel syndrome, Electromyography.

Decision rationale: The MTUS states that special studies such as electromyography are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Electromyography (EMG) is recommended to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural injection. The Official Disability Guidelines state that while cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. In this case we do not have documentation of a thorough neurologic examination with mention of motor, sensory or reflex changes in the upper extremities. We also do not see a 3 to 4-week period of conservative therapy specifically targeting nerve root dysfunction. The request for electromyography of the bilateral upper extremities is not medically necessary.

NCV (sensory) bilateral upper extremities RFA 2-18-14 QTY: 2.00: Upheld

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

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), Carpal Tunnel Syndrome, Nerve Conduction Studies.

Decision rationale: The MTUS states that 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 3 or 4 weeks. The Official Disability Guidelines states that nerve conduction studies (NCS), used interchangeably with nerve conduction velocities (NCV) are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses 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. In this case there are no examination findings of motor, sensory or reflex changes in the upper extremities. There are no subtle focal neurologic deficits and no evidence of 3-4 weeks of conservative treatment including physical modalities and exercises specifically for carpal tunnel syndrome. The request for nerve conduction velocity (sensory) test of the bilateral upper extremities is not medically necessary.

NCV (motor) bilateral upper extremities RFA 2-18-14 QTY: 2.00: Upheld

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

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), Carpal Tunnel Syndrome, Nerve Conduction Studies.

Decision rationale: The MTUS states that 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 3 or 4 weeks. The Official Disability Guidelines states that nerve conduction studies (NCS), used interchangeably with nerve conduction velocities (NCV) are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses 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. In this case there are no examination findings of motor, sensory or reflex changes in the upper extremities. There are no subtle focal neurologic deficits and no evidence of 3-4 weeks of conservative treatment including physical modalities and exercises specifically for carpal tunnel syndrome. The request for nerve conduction velocity (motor) test of the bilateral upper extremities is not medically necessary.