

Case Number:	CM14-0037038		
Date Assigned:	06/25/2014	Date of Injury:	01/10/2014
Decision Date:	08/13/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesiology, 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:

The injured worker is a 55 year old female who sustained injuries to her left upper extremity and neck on 01/10/14 due to repetitive lifting. A clinical note dated 05/13/14 reported that the injured worker stated that she suddenly felt insidious onset of neck pain, like could not move it due to repetitive use/lifting. She stated that her pain was generalized in the bilateral neck with paresthasias in the left hand. She stated that her left hand felt weak and the pain was constant with associated numbness in the left hand of digits two through four at 7-9/10 visual analogue scale (VAS). Plain radiographs reportedly revealed arthritis. An MRI reportedly revealed cervical spine herniated nucleus pulposus, stenosis, osteophytes, and degenerative disc disease. The physical examination noted posture forward head with rounded shoulders; tenderness to neck and shoulder girdle structures at C2 through T1 spinous processes, right cervical spine transverse process, bilateral subscapularis, right upper thoracic, right cervical spine, and paraspinals; reflexes 2+ throughout, except left upper extremity sensation to light touch decreased in entire left arm. There was pain with cervical movement using the McKenzie method; cervical active range of motion 45 degrees extension, 47 degrees flexion, 45 degrees left lateral flexion, 67 degrees left lateral rotation calm. Strength 4-/5 in left upper extremity. The patient had been to six visits of physical therapy and continued to complain of radicular symptoms since 01/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter Updated 3/7/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electromyography (EMG).

Decision rationale: The request for electromyogram (EMG) is medically necessary. The basis for previous denial was not provided for review. The ODG state that the American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50-71%) and highly specific (65-85%). An EMG findings may not be predictive of surgical outcome and cervical surgery and patients may still benefit from surgery even in the absence of EMG findings or nerve root impingement. Given the date of injury and continued neuropathic symptoms, medical necessity of the request for EMG is indicated as medically necessary.

Nerve Conducton Velocity test (NCV) left arm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter Updated 3/7/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Nerve conduction studies (NCS).

Decision rationale: The request for nerve conduction velocity (NCV) study of the left arm is not medically necessary. The ODG state that NCS is 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. Given that EMG has not been performed and the injured worker had already been diagnosed with an ongoing radiculopathy of the cervical spine, medical necessity of the request for NCV test of the left arm is not indicated as medically necessary. As such, the request is not medically necessary.