

Case Number:	CM14-0041951		
Date Assigned:	06/30/2014	Date of Injury:	02/01/2012
Decision Date:	08/21/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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 Management and is licensed to practice in Tennessee. 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 57-year-old male who has submitted a claim for cervicalgia, cervical spine stenosis, and radiculopathy associated with an industrial injury date of 02/01/2012. Medical records from 12/04/2013 to 07/11/2014 were reviewed and showed that patient complained of chronic neck pain radiating to bilateral upper extremities. There was associated weakness and tingling/numbness of bilateral upper extremities with symptoms worse on the left side. Physical examination revealed tenderness over the paracervical muscles. There was limited cervical spine ROM. Spurling's test was positive bilaterally. MMT of triceps was graded 4/5. Deep tendon reflexes were graded and equal bilaterally. MRI of the cervical spine dated 08/06/2013 revealed moderate cervical degenerative changes, C3-4 spinal canal stenosis, and C5-6 foraminal stenosis. Cervical X-ray dated 02/01/2012 revealed progressive degenerative changes of the lower cervical spine. Treatment to date has included daily short-acting narcotics and right-sided cervical radiofrequency ablation. Utilization review dated 03/27/2014 denied the request for EMG/NCV study of bilateral upper extremities because the studies were not medically necessary at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral upper extremity electromyography (EMG): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: California MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of neck pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. However, clinical manifestations of weakness of the bilateral upper extremities and positive Spurling's test are not consistent with focal neurologic deficit. The medical necessity for EMG has not been established. Therefore, the request for bilateral upper extremity electromyography is not medically necessary.

Bilateral upper extremity nerve conduction studies (NCS): Upheld

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

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: California MTUS does not specifically address nerve conduction studies. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. Official Disability Guidelines states that nerve conduction studies are not recommended to demonstrate radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. It is recommended if EMG does not show clear radiculopathy, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if the diagnosis may be likely based on the clinical exam. In this case, the patient complained of chronic neck pain with associated tingling/numbness of bilateral upper extremities. Physical examination findings did not indicate presence of radiculopathy. However, MRI of the cervical spine dated 08/06/2013 revealed C3-4 spinal canal stenosis, and C5-6 foraminal stenosis which may indicate presence of radiculopathy. Therefore, the request for bilateral upper extremity nerve conduction studies is not medically necessary.