

Case Number:	CM14-0044467		
Date Assigned:	07/02/2014	Date of Injury:	09/30/2008
Decision Date:	08/26/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 patient is a 40-year-old female who has submitted a claim for associated facet arthropathy of the cervical spine and cervical radiculopathy with an industrial injury date of 09/03/2008. Medical records from 03/07/2011 to 08/14/2014 were reviewed and showed that patient complained of neck pain (grade not specified) with radiation down bilateral upper extremities. Physical examination revealed decreased ROM (Range of Motion) of the cervical spine in all planes of motion. Sensation to light touch was decreased along the left C6 dermatome. Weakness (4/5) was noted with the left biceps, deltoid, wrist flexors and extensors. Treatment to date has included activity restrictions, chiropractic care, ice application, independent exercise programs, and medications. Utilization review dated 03/11/2014 denied the request for EMG/NCV (Electromyogram/ Nerve conduction velocity) study of the upper extremities because there was no evidence of positive provocative signs to suggest peripheral entrapment neuropathy or cervical radiculopathy. In this case, the patient complained of neck pain (grade not specified) with radiation down bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

(EMG) Electromyogram study of the 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 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of neck pain (grade not specified) with radiation down bilateral upper extremities. Dysesthesia was noted along the left C6 dermatomal distribution and weakness was noted with the left biceps, deltoid, wrist flexors and extensors. However, there were no available physical examination findings concerning the right upper extremity. The clinical manifestations are not consistent with a focal neurologic deficit of the right upper extremity. Therefore, the request for (EMG) Electromyogram study of the right upper extremity is not medically necessary.

(EMG) Electromyogram study of the left upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of neck pain (grade not specified) with radiation down bilateral upper extremities. Dysesthesia was noted along the left C6 dermatomal distribution and weakness was noted with the left biceps, deltoid, wrist flexors and extensors. The clinical manifestations are consistent with a focal neurologic deficit of the left upper extremity. Therefore, the request for (EMG) Electromyogram study of the left upper extremity is medically necessary.

(NCS) Nerve Conduction Study of the 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 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81 Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies.

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled Nerve Conduction Studies in Polyneuropathy cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of neck pain (grade not specified) with radiation down bilateral upper extremities. Dysesthesia was noted along the left C6 dermatomal distribution and weakness was noted with the left biceps, deltoid, wrist flexors and extensors. However, there were no available physical examination findings concerning the right upper extremity. The available medical records do not support the presence of symptoms of right upper extremity neuropathy for the patient. Therefore, the request for (NCS) Nerve Conduction Study of the right upper extremity is not medically necessary.

(NCS) Nerve Conduction Study of the 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 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81 Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies.

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