

Case Number:	CM14-0049554		
Date Assigned:	07/07/2014	Date of Injury:	12/07/2008
Decision Date:	08/28/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/17/2014

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 63-year-old female who has submitted a claim for brachial neuritis associated with an industrial injury date of 12/07/2008. Medical records from 07/18/2013 to 07/07/2014 were reviewed and showed that patient complained of chronic neck pain (grade not specified) radiating into bilateral upper extremities. Physical examination revealed spasm, tenderness and guarding of the cervical paravertebral muscles. Decreased cervical spine range of motion was noted. Sensation to light touch was decreased over the C6 dermatome bilaterally. Deep tendon reflexes were normal. Electromyography (EMG) sampling of the upper extremities 02/24/2014 was unremarkable. Treatment to date has included oral pain medications. Utilization review dated 04/07/2014 denied the request for Electromyography(EMG)/Nerve conduction Velocity Studies (NCV) of bilateral upper extremities because the most recent exam findings did not show evidence of nerve root impingement, peripheral or entrapment neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to page 238 of the California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Electromyography (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 chronic neck pain (grade not specified) radiating into bilateral upper extremities. Physical examination revealed dysesthesia over C6 dermatomes bilaterally and normoreflexia. Clinical manifestations were consistent with a focal neurologic deficit of bilateral upper extremities. Therefore, the request for Electromyography (EMG) of the bilateral upper extremities is medically necessary.

Nerve Conduction Velocity (NCV) of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: California Medical Treatment Utilization Schedule (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, Official Disability Guidelines (ODG) states that Nerve Conduction Velocity Studies (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 chronic neck pain (grade not specified) radiating into bilateral upper extremities. Physical examination revealed dysesthesia over C6 dermatomes bilaterally and normoreflexia. NCV is a reasonable option for the patient who presents with symptoms of neuropathy. Therefore, the request for Nerve Conduction Velocity (NCV) of the bilateral upper extremities is medically necessary.