Case Number:	CM14-0053303		
Date Assigned:	07/07/2014	**Date of Injury:**	02/01/2013
Decision Date:	08/28/2014	**UR Denial Date:**	03/27/2014
Priority:	Standard	**Application Received:**	04/21/2014

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 was assaulted at his workplace on 2/1/13. Injury is described as blunt head and facial trauma. He does have a history of prior lumbar fusion status post hardware removal. His primary complaint since the injury of 2/1/13 has been increased low back pain with lumbar radicular symptoms. He has been treated with medications including Norco, Robaxin, and topical analgesic gel. His diagnoses related to this injury include cervical strain with radiation into the bilateral upper extremities, thoracic strain, low back pain status post post lumbar fusion with hardware removal, bilateral shoulder strain, bilateral wrist sprain, right knee sprain, PTSD and facial trauma. The primary treating physician has requested EMG and NCV studies of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyelography) study of the left upper extremity: 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): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Index for the neck and upper back, electromyography.

Decision rationale: The MTUS states that electromyography (EMG) is recommended to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural injection. The ODG states 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 the primary treating physician has not documented ongoing significant cervical pain or radicular complaints. There is no documentation or evidence for neurologic symptoms related to the cervical spine or brachial plexus abnormalities. There is no request to clarify nerve root dysfunction for epidural steroid injection. No objective findings are noted related to the cervical spine or upper extremities. There is no evidence that conservative therapy has been attempted specifically for the cervical spine. The request for electromyography of the left upper extremity is not medically necessary.

EMG (Electromyelography) study of the right upper extremity: 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): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Index for the neck and upper back, electromyography.

Decision rationale: The MTUS states that electromyography (EMG) is recommended to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural injection. The ODG states 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 the primary treating physician has not documented ongoing significant cervical pain or radicular complaints. There is no documentation or evidence for neurologic symptoms related to the cervical spine or brachial plexus abnormalities. There is no request to clarify nerve root dysfunction for epidural steroid injection. No objective findings are noted related to the cervical spine or upper extremities. There is no evidence that conservative therapy has been attempted specifically for the cervical spine. The request for electromyography of the right upper extremity is not medically necessary.

NCV (Nerve Conduction Velocity) of the right upper extremity: 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): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Index for the neck and upper back, Nerve Conduction.

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 ODG 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 documented complaints of cervical pain with radiation to the upper extremities. The medical records do not provide current cervical imaging studies that establish the nature and severity of cervical pathology. There are no current clinical examination findings that would indicate presence of peripheral neuropathy or radiculopathy. The request for nerve conduction velocity test of the left upper extremity is not medically necessary.

NCV (Nerve Conduction Velocity) of the left upper extremity: 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): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Index for the neck and upper back, 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 ODG 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 documented complaints of cervical pain with radiation to the upper extremities. The medical records do not provide current cervical imaging studies that establish the nature and severity of cervical pathology. There are no current clinical examination findings that would indicate presence of peripheral neuropathy or radiculopathy. The request for nerve conduction velocity test of the left upper extremity is not medically necessary.