MAXIMUS Federal Services

Case Number:	CM14-0054139		
Date Assigned:	07/09/2014	Date of Injury:	02/24/2010
Decision Date:	09/15/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/23/2014

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:

This 63 year old patient has a date of injury of 2/24/2010. The mechanism of injury was bending forward to lift a case of beverages, when he noticed an immediate onset of lower back pain. In a progress noted dated 9/30/2013, subjective findings included pain at base of cervical region bilaterally, radiating to posterior musculature. He also notes cervical pain radiating to left and also right upper extremity, starting in 2013, with complaints of numbness present at right greater than left 2nd thru 5th fingers. Regarding lumbar spine, he complains of left sided lumbar pain, posteriorly, which radiates to both lower extremities posteriorly, along with the presence of numbness there, down to the right and left 1st toes. On a physical exam dated 9/30/2013, objective findings included decrease in lumbar lordosis noted in spinal column. Palpation of spinal column shows no tenderness over thoracic spine region, and the patient is tender at the distal one-third of the right and left cervical paraspinal muscles and over the C4 to C7 posterior spinous processes and at the right and left medial trapezius muscles. Diagnostic impression shows status post L4/5 bilateral hemilaminotomies and foraminotomies, lumbar spinal canal and foraminal stenosis, L4/5 spondylolisthesis, grade 1, status post anterior cervical microdiscectomy and fusion at c5/6 and c6/7. Treatment to date includes medication therapy, behavioral modification, surgery for lumbar spine on 12/2/2010, cervical spine fusion in 2/2011, and physical therapy. A UR decision dated 4/9/2014 denied the request for EMG and NCV of the left upper extremities, stating there was insufficient evidence of significant neurological symptoms such as motor or sensory changes, positive nerve root compression test, as well as atrophy in the dermatomal distribution of the left upper extremity that necessitates EMG/NCV of the left upper extremity. Also, there is no indication that patient has positive clinical findings of peripheral neuropathy to warrant this request. Consultation with pain management specialist, stating that the

patient's injury is more than 4 years old and there is limited evidence of recent exacerbation, re-injury or significant progression of neurological symptoms to warrant this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Neck and Upper Back Procedure Summary (Updated 03/07/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back chapter,http://www.webmd.com/brain/electromyogram-emg-and-nerve-conduction-studies.

Decision rationale: The California MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. An electromyogram (EMG) measures the electrical activity of muscles at rest and during contraction. An EMG is done to find diseases that damage muscle tissue, nerves, or the junctions between nerve and muscle. These problems may include a herniated disc, amyotrophic lateral sclerosis (ALS), or myasthenia gravis (MGA). It is also done to find the cause of weakness, paralysis, or muscle twitching. Problems in a muscle, the nerves supplying a muscle, the spinal cord, or the area of the brain that controls a muscle can cause these symptoms. It was also noted in the 9/30/2014 progress report that the patient received a post-operative MRI on 7/2011, which shows a moderate degree of central canal stenosis present at L4/5, and lateral recess and neuroforaminal narrowing is noted at this level. It was also noted in 2013 that the patient began to have a worsening of symptoms following his surgery. However, a recent progress report discussing subjective and objective complaints would be necessary to substantiate a request for an EMG. Therefore, the request for EMG of the left upper extremity is not medically necessary.

Nerve Conduction Velocity (NCV) Test of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Neck and Upper Back Procedure Summary (Updated 03/07/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back chapter,http://www.webmd.com/brain/electromyogram-emg-and-nerve-conduction-studies.

Decision rationale: The California MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Nerve conduction studies measure how well and how fast the nerves can send electrical signals. An NCV is done to find damage to the peripheral nervous system, which includes all the nerves that lead away from the brain and spinal cord and the smaller nerves that branch out from those nerves. This test is often used to help find nerve problems such as carpal tunnel syndrome or Guillain-Barr syndrome. In the progress report dated 9/30/2013, there was no indication for any additional surgery. The patient is noted to be on acupuncture treatment as well as physical therapy sessions for pain management. It is unclear why the patient is requesting NCV, as there is no recent indication of objective symptoms of neuropathy to necessitate the request for NCV. Therefore, the request for NCV of the left upper extremity is not medically necessary.

Consultation with a pain management specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 03/18/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

Decision rationale: The California MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In a progress report dated 9/30/2013, it was noted that after his cervical spine surgery, his cervical pain has then become worse in the year 2013. He also noted cervical pain radiating to the left and right extremity with complaints of numbness present at the right greater than left 2nd through 5th fingers. Therefore, the request for consult with pain management specialist is medically necessary.