

Case Number:	CM14-0059318		
Date Assigned:	07/09/2014	Date of Injury:	07/01/2012
Decision Date:	09/10/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 applicant is a [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; opioid therapy; and an ergonomic evaluation. In a utilization review report dated April 22, 2014, the claims administrator denied a request for Electrodiagnostic testing of the left upper extremity, including testing of four sensory nerves, two motor nerves, and needle EMG testing of the left upper extremity. MRI imaging of the cervical spine dated March 14, 2014 was noted for severe degenerative disk disease C3-C4 with an associated 3 to 4 mm disk protrusion with central canal and foraminal stenosis. The spinal cord remained normal at that level, however. Multilevel disk desiccation was noted at C4, C5, and C6-C7 disk levels without evidence of cord compression. In a February 28, 2014 consultation, the applicant was incidentally described as having had prior Electrodiagnostic testing on January 22, 2013, which did demonstrate mild left sided ulnar neuropathy and mild left-sided carpal tunnel syndrome. The applicant was asked to obtain cervical MRI imaging to rule out a C5 radiculopathy. A presumptive diagnosis of cervical radiculitis was given. On April 25, 2014, an ergonomic evaluation was sought. It was suggested that the applicant was working. On February 14, 2014, the attending provider posited that the applicant might need a repeat Electrodiagnostic testing. On April 12, 2014, the applicant's physiatrist consultant endorsed Electrodiagnostic testing at the level of the left upper extremity to help establish a definitive diagnosis of cervical radiculopathy. The applicant was described as having persistent complaints of 8/10 neck pain radiating to the left thumb. The applicant was still working a clerical administrator, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic test of the Left Upper Extremity including Nerve Conduction Study of four (4) Sensory Nerves, two (2) Motor Nerves, and Needle EMG of Left Upper Extremity:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 182.

Decision rationale: As noted in the MTUS-adopted Guidelines in Chapter 8, Table 8-8, page 182, EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction in case of suspected disk herniation either preoperatively or before epidural injection. Similarly, the MTUS Guideline in Chapter 11, page 261, also acknowledged that appropriate Electrodiagnostic testing may help to distinguish between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. ACOEM suggests repeating Electrodiagnostic testing later in the course of treatment if symptoms persist. In this case, the applicant does have persistent complaints of neck pain radiating to the left arm, suggestive of a cervical radiculopathy. Earlier Electrodiagnostic testing did not, however, establish a definitive diagnosis of cervical radiculopathy. MRI imaging of the cervical spine, also noted above, was likewise equivocal and also failed to definitively establish a diagnosis of cervical radiculopathy. The applicant's symptoms persist. Obtaining repeat Electrodiagnostic testing of the impacted left upper extremity to help distinguish between cervical radiculopathy and other possibilities, such as active carpal tunnel syndrome and/or ulnar neuropathy, is indicated. Therefore, the request is medically necessary.