

Case Number:	CM14-0065980		
Date Assigned:	07/11/2014	Date of Injury:	11/02/2012
Decision Date:	08/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/09/2014

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 Neurology, 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 injured worker is a 41 year-old female who reportedly tripped over a power cord on 11/02/12 and fell onto her hands and knees. Diagnoses have included C5-6 and C6-7 disc degeneration, Right C5-6 and C6-7 foraminal stenosis, Right cervical radiculopathy, and Right shoulder impingement. The injured worker is status post anterior cervical discectomy and fusion of C5 to C7 performed on 12/12/13. The injured worker is being treated with Oxycodone, Zofran, Metformin, Topamax and Aspirin; she has completed six physical therapy sessions and participates in a home exercise program as tolerated. The 4/2/14 exam reports that the injured worker continues to have post-operative neck pain, right shoulder pain, and right hand numbness, with report of decreased sensation on the right C7 dermatome. Motor strength and reflexes are reported as normal bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG-Neck & Upper Back EMG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, ALGORITHM 8-3 186.

Decision rationale: The ACOEM Guidelines (Chapter 8, Upper back and neck complaints, Special Studies and Diagnostics and Treatment considerations, pp.177 -179) state that when the findings on neurological exam are unclear, EMG and NCV studies may be useful in identifying subtle focal neurological dysfunction when neck or arm symptoms persist for more than three to four weeks. The left upper extremity exam shows normal responses, and there is no basis to suspect a left upper extremity-specific pathology. These findings are unequivocal. There are no findings which support the necessity for left upper extremity EMG. The request for EMG left upper extremity is not medically necessary.

EMG right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG-Neck & Upper Back EMG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179 ALGORITHM 8-3 186.

Decision rationale: ACOEM Guidelines indicate that EMG and NCV studies are unnecessary where unequivocal neurological and clinical evidence obviates radiculopathy. In this case, however, the physical exam notes sensory complaints corresponding to the C7 dermatome without report of concomitant motor weakness (i.e., elbow extension, wrist flexion or finger extension reported as 5/5) nor diminished reflexes (i.e., triceps 2+) specific to nerve root compromise at this level. These neurological findings are not unequivocal. The ACOEM Guidelines (Chapter 8, Upper back and neck complaints, Special Studies and Diagnostics and Treatment considerations, pg.177 -179) state that when the findings on neurological exam are unclear, EMG and NCV studies may be useful in identifying subtle focal neurological dysfunction when neck or arm symptoms persist for more than three to four weeks. Algorithm 8-3: Evaluation of Slow-to-recover Patients with Occupational Neck or Upper Back Complaints (Symptoms > 4 weeks) indicates that radiating arm complaints without obvious level of root dysfunction on exam should be referred to EMG. For practical purposes, the NCV diagnostic study is conducted as a component of the EMG procedure and criteria to support one implies support for both. The requested treatment is medically necessary.

NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG-Neck & Upper Back NCS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, ALGORITHM 8-3 186.

Decision rationale: The ACOEM Guidelines (Chapter 8, Upper back and neck complaints, Special Studies and Diagnostics and Treatment considerations, pp.177 -179) state that when the

findings on neurological exam are unclear, EMG and NCV studies may be useful in identifying subtle focal neurological dysfunction when neck or arm symptoms persist for more than three to four weeks. The left upper extremity exam shows normal responses, and there is no basis to suspect a left upper extremity-specific pathology. These findings are unequivocal. There are no findings which support the necessity for left upper extremity EMG or NCV. For all practical purposes, the NCV diagnostic study is conducted as a component of the EMG procedure and criteria to support or negate one implies application for both. The request for NCV left upper extremity is not medically necessary.

NCV right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back Nerve Conduction Study.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, ALGORITHM 8-3 186.

Decision rationale: ACOEM Guidelines indicate that EMG and NCV studies are unnecessary where unequivocal neurological and clinical evidence obviates radiculopathy. In this case, however, the physical exam notes sensory complaints corresponding to the C7 dermatome without report of concomitant motor weakness (i.e., elbow extension, wrist flexion or finger extension reported as 5/5) nor diminished reflexes (i.e., triceps 2+) specific to nerve root compromise at this level. These neurological findings are not unequivocal. The ACOEM Guidelines (Chapter 8, Upper back and neck complaints, Special Studies and Diagnostics and Treatment considerations, pp.177 -179) state that when the findings on neurological exam are unclear, EMG and NCV studies may be useful in identifying subtle focal neurological dysfunction when neck or arm symptoms persist for more than three to four weeks. Algorithm 8-3: Evaluation of Slow-to-recover Patients with Occupational Neck or Upper Back Complaints (Symptoms > 4 weeks) indicates that radiating arm complaints without obvious level of root dysfunction on exam should be referred to EMG. For practical purposes, the NCV diagnostic study is conducted as a component of the EMG procedure and criteria to support one implies support for both. The request for NCV right upper extremity is medically necessary.