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| Case Number: | CM14-0072680 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 06/01/2009 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/19/2014 |

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 & Rehabilitation 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 sustained industrial injuries on June 7, 2007, and August 3, 2007, and cumulative trauma injuries from May 1, 2009 to November 6, 2010. Her surgical history includes anterior microdiscectomy at C6-C7, bilateral neural foraminotomy at C6-C7, hemicorpectomy at C6-C7, and anterior cervical fusion at C6-7, which was performed on August 5, 2011. It was indicated in the Agreed Medical Examination report dated October 24, 2012 that the injured worker underwent prior right ulnar nerve transposition and release; however, this was undated. She underwent prior nerve conduction velocity and electromyogram reports performed on October 11, 2010 and July 26, 2012, which showed results within "normal limits." Agreed Medical Examination report dated October 24, 2012 indicates complaints of neck pain and on-and-off numbness from the right elbow down into the right small and ring fingers, especially when using a computer. Physical examination findings of the bilateral upper extremity were insignificant. Progress report dated October 7, 2013 notes increased numbness to her right hand, specifically at the fourth and fifth digits. Relevant examination findings showed positive Tinel's sign to the right upper extremity. Recent progress report dated February 13, 2014 notes the injured worker's continued complaints of pain. Tenderness and spasms over the cervical paraspinals with restricted ranges of motion were observed. She has decreased sensation over the right upper extremity particularly at the C6-C8 dermatomes, over the right little and ring fingers. Motor function was decreased at 4/5. She has negative Finkelstein's test, negative Tinel's, and negative medial nerve compression test. Treating physician is concerned that her pathology emanates in the ulnar nerve distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179 and 268-269.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines state that for workers with activity limitations due to the neck or upper back symptoms that are not improving over 4-6 weeks, with neurological symptoms in the arms, and without obvious signs of nerve root dysfunction in the arm, electromyogram is indicated. When neurological examination is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The guidelines further indicate that electromyography and nerve conduction velocity studies including H-reflex tests may help identify subtle focal neurologic dysfunction in injured worker's with neck or arm symptoms, or both, lasting more than 3-4 weeks. In this case, the injured worker has chronic pain with previously negative testing. Examination findings have indicated pathology in the right upper extremity only so the request for bilateral testing is not clear. Further, the injured worker's last electromyography and nerve conduction velocity study was performed less than a year ago and findings do not indicate any indication of progressive worsening that prior negative electrodiagnostic testing would not be sufficient. It is also unclear why local injection therapy has not been attempted to address right upper extremity complaints instead of repeating diagnostic studies. Therefore, it can be concluded that the medical necessity for electromyogram is not medically necessary at this time.

NCV: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179 and 268-269.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines states that for workers with activity limitations due to the neck or upper back symptoms that are not improving over 4-6 weeks, with neurological symptoms in the arms, and without obvious signs of nerve root dysfunction in the arm, electromyogram is indicated. When neurological examination is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The guidelines further indicate that electromyography and nerve conduction velocity studies including H-reflex tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3-4 weeks. In this case, the injured worker has chronic pain with previously negative testing. Examination findings have indicated pathology in the right upper extremity

only so the request for bilateral testing is not clear. Further, the injured worker's last electromyography and nerve conduction velocity study was performed less than a year ago and findings do not indicate any indication of progressive worsening that prior negative electrodiagnostic testing would not be sufficient. It is also unclear why local injection therapy has not been attempted to address right upper extremity complaints instead of repeating diagnostic studies. Therefore, it can be concluded that the medical necessity for nerve conduction velocity test is not medically necessary at this time.