

Case Number:	CM14-0087018		
Date Assigned:	07/23/2014	Date of Injury:	11/16/2006
Decision Date:	09/24/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/10/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 55-year old female who had sustained an industrial injury on 11/16/08. The mechanism of injury was not given in the available medical records. The progress notes from 05/13/14 were reviewed. Subjective complaints included hand numbness and tingling which didn't resolve and she had been on Neurontin 300mg for some time. Pertinent objective findings included tenderness to palpation of neck, decreased left shoulder range of motion and mildly positive impingement sign. The MRI of cervical spine showed degenerative disc disease at C4-C5 and C5-C6 with canal stenosis. Diagnoses included chronic impingement of shoulder and cervical spondylosis with radiculopathy. The plan of care included home cervical traction unit for home use, electromyography/ nerve conduction velocity (EMG/NCV) of upper extremities and Celebrex refill. She was not working. Guidelines recognize the potential value of electrodiagnostic testing in cases with evidence of neurologic dysfunction where 4-6 weeks of conservative therapy have not resulted in improvement. American College of Occupational and Environmental Medicine (ACOEM) guidelines recommend electrodiagnostic studies to evaluate non-specific hand, wrist or forearm complaints for patients with paresthesias or other neurologic symptoms. In this case, the employee is 2 years from the initial injury and had persistent tingling and numbness. Official Disability guidelines recommend EMG/NCV for patients with double crush phenomenon, in particular, when there is evidence of diabetic neuropathy, metabolic neuropathy due to thyroid disease or compressive neuropathy due to carpal tunnel syndrome. The employee had hand tingling and numbness. She had subjective sensory findings and no objective motor or reflex findings to suggest cervical radiculopathy. Cervical radiculopathy was listed as a diagnosis in addition to shoulder impingement. Prior treatment included Celebrex and Neurontin for "some time". MRI showed degenerative disc disease with canal stenosis at C4-C5 and C5-C6 with disc protrusion. There was limited information available regarding the mechanism of injury

and prior treatment apart from medications, but given the failure of the paresthesias to resolve with Neurontin for some time and MRI findings of canal stenosis and disc protrusion, EMG/NCV of bilateral upper extremities is medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the Left Upper Extremity/Cervical: Overturned

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): 177-178. Decision based on Non-MTUS Citation (ODG) Neck and Upper Back, Electrodiagnostic Studies.

Decision rationale: The employee was a 55-year old female who had sustained an industrial injury on 11/16/08. The mechanism of injury was not given in the available medical records. The progress notes from 05/13/14 were reviewed. Subjective complaints included hand numbness and tingling which didn't resolve and she had been on Neurontin 300mg for some time. Pertinent objective findings included tenderness to palpation of neck, decreased left shoulder range of motion and mildly positive impingement sign. The MRI of cervical spine showed degenerative disc disease at C4-C5 and C5-C6 with canal stenosis. Diagnoses included chronic impingement of shoulder and cervical spondylosis with radiculopathy. The plan of care included home cervical traction unit for home use, EMG/NCV of upper extremities and Celebrex refill. She was not working. Guidelines recognize the potential value of electrodiagnostic testing in cases with evidence of neurologic dysfunction where 4-6 weeks of conservative therapy have not resulted in improvement. ACOEM guidelines recommend electrodiagnostic studies to evaluate non-specific hand, wrist or forearm complaints for patients with paresthesias or other neurologic symptoms. In this case, the employee is 2 years from the initial injury and had persistent tingling and numbness. Official Disability guidelines recommend EMG/NCV for patients with double crush phenomenon, in particular, when there is evidence of diabetic neuropathy, metabolic neuropathy due to thyroid disease or compressive neuropathy due to carpal tunnel syndrome. The employee had hand tingling and numbness. She had subjective sensory findings and no objective motor or reflex findings to suggest cervical radiculopathy. Cervical radiculopathy was listed as a diagnosis in addition to shoulder impingement. Prior treatment included Celebrex and Neurontin for "some time". MRI showed degenerative disc disease with canal stenosis at C4-C5 and C5-C6 with disc protrusion. There was limited information available regarding the mechanism of injury and prior treatment apart from medications, but given the failure of the paresthesias to resolve with Neurontin for some time and MRI findings of canal stenosis and disc protrusion, EMG/NCV of bilateral upper extremities is medically necessary and appropriate.

Electromyography of the Right Upper Extremity/Cervical: Overturned

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): 177-179. Decision based on Non-MTUS Citation (ODG) Neck and Upper Back, Electrodiagnostic Studies.

Decision rationale: ACOEM guidelines recommend electrodiagnostic studies to evaluate non-specific hand, wrist or forearm complaints for patients with paresthesias or other neurologic symptoms. In this case, the employee is 2 years from the initial injury and had persistent tingling and numbness. Official Disability guidelines recommend EMG/NCG for patients with double crush phenomenon, in particular, when there is evidence of diabetic neuropathy, metabolic neuropathy due to thyroid disease or compressive neuropathy due to carpal tunnel syndrome. The employee had hand tingling and numbness. She had subjective sensory findings and no objective motor or reflex findings to suggest cervical radiculopathy. Cervical radiculopathy was listed as a diagnosis in addition to shoulder impingement. Prior treatment included Celebrex and Neurontin for "some time". MRI showed degenerative disc disease with canal stenosis at C4-C5 and C5-C6 with disc protrusion. There was limited information available regarding the mechanism of injury and prior treatment apart from medications, but given the failure of the paresthesias to resolve with Neurontin for some time and MRI findings of canal stenosis and disc protrusion, EMG/NCV of bilateral upper extremities is medically necessary and appropriate.

Nerve Conduction Velocity Study of the Left Upper Extremity/Cervical: Overturned

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): 177-179. Decision based on Non-MTUS Citation (ODG) Neck and Upper Back, Electrodiagnostic Studies.

Decision rationale: ACOEM guidelines recommend electrodiagnostic studies to evaluate non-specific hand, wrist or forearm complaints for patients with paresthesias or other neurologic symptoms. In this case, the employee is 2 years from the initial injury and had persistent tingling and numbness. Official Disability guidelines recommend EMG/NCG for patients with double crush phenomenon, in particular, when there is evidence of diabetic neuropathy, metabolic neuropathy due to thyroid disease or compressive neuropathy due to carpal tunnel syndrome. The employee had hand tingling and numbness. She had subjective sensory findings and no objective motor or reflex findings to suggest cervical radiculopathy. Cervical radiculopathy was listed as a diagnosis in addition to shoulder impingement. Prior treatment included Celebrex and Neurontin for "some time". MRI showed degenerative disc disease with canal stenosis at C4-C5 and C5-C6 with disc protrusion. There was limited information available regarding the mechanism of injury and prior treatment apart from medications, but given the failure of the paresthesias to resolve with Neurontin for some time and MRI findings of canal stenosis and disc protrusion, EMG/NCV of bilateral upper extremities is medically necessary and appropriate.

Nerve Conduction Velocity Study of the Right Upper Extremity/Cervical: Overturned

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): 177-179. Decision based on Non-MTUS Citation (ODG) Neck and Upper Back, Electrodiagnostic Studies.

Decision rationale: ACOEM guidelines recommend electrodiagnostic studies to evaluate non-specific hand, wrist or forearm complaints for patients with paresthesias or other neurologic symptoms. In this case, the employee is 2 years from the initial injury and had persistent tingling and numbness. Official Disability guidelines recommend EMG/NCG for patients with double crush phenomenon, in particular, when there is evidence of diabetic neuropathy, metabolic neuropathy due to thyroid disease or compressive neuropathy due to carpal tunnel syndrome. The employee had hand tingling and numbness. She had subjective sensory findings and no objective motor or reflex findings to suggest cervical radiculopathy. Cervical radiculopathy was listed as a diagnosis in addition to shoulder impingement. Prior treatment included Celebrex and Neurontin for "some time". MRI showed degenerative disc disease with canal stenosis at C4-C5 and C5-C6 with disc protrusion. There was limited information available regarding the mechanism of injury and prior treatment apart from medications, but given the failure of the paresthesias to resolve with Neurontin for some time and MRI findings of canal stenosis and disc protrusion, EMG/NCV of bilateral upper extremities is medically necessary and appropriate.