MAXIMUS Federal Services

Case Number:	CM14-0097863		
Date Assigned:	07/28/2014	Date of Injury:	03/05/2012
Decision Date:	09/10/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 48 year old female whose date of injury is 03/05/12. She complains of pain in the neck and left shoulder, with numbness and tingling in the left arm. Examination on 06/09/14 revealed tenderness to palpation in the cervical spine; limited range of motion and myospasms; and decreased sensation throughout the left upper extremity. Left shoulder exam noted tenderness to palpation over the left acromioclavicular joint (AC) joint and the subacromial bursal region; limited range of motion due to pain; positive Hawkin's test. Cervical MRI done 05/13/14 reported impression multilevel disc desiccation with 1.0 to 2.0mm annular bulge at the level of C3-4, C4-5, C5-6 and C6-7 with mild biforaminal stenosis. Diagnostic imaging studies EMG/NCV done one 05/10/12 was noted to show an acute C5 and C6 cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve conduction studies (NCS).

Decision rationale: Per ACOEM, Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The injured worker in this case has undergone previous electrodiagnostic testing which reported evidence of acute C5 and C6 cervical radiculopathy. There are no new findings on most recent physical examination that would warrant repeat testing as the diagnosis has been made. Nerve conduction studies are not recommended if radiculopathy already has been clearly identified by EMG and obvious clinical signs. Moreover, current evidence-based guidelines note that there is minimal justification for performing nerve conduction studies when patients are presumed to have symptoms on the basis of radiculopathy. Based on the clinical information provided, medical necessity is not established for NCV of bilateral upper extremities.

EMG of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electromyography.

Decision rationale: Per ACOEM, Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The injured worker in this case has undergone previous electrodiagnostic testing which reported evidence of acute C5 and C6 cervical radiculopathy. There are no new findings on most recent physical examination that would warrant repeat testing as the diagnosis has been made. Also, there is no indication that the injured worker is a candidate for surgery or other treatment contingent on results of EMG. As such, medical necessity is not established for EMG of bilateral upper extremities.