

Case Number:	CM14-0098612		
Date Assigned:	07/28/2014	Date of Injury:	04/26/1999
Decision Date:	09/24/2014	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 Physical Medicine and 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:

This patient sustained an injury on 4/26/1999 from an auto accident while employed by [REDACTED]. Request(s) under consideration include Electromyography (EMG) of the Bilateral Upper Extremities and Nerve Conduction Velocity Study of the Bilateral Upper Extremities (NCV). Diagnoses include Neck sprain. The patient continues to treat for chronic neck and upper back pain radiating to upper extremities. Conservative care included physical therapy, medications, multiple epidural steroid injections, and modified activities/rest. EMG/NCV of upper extremities dated 5/17/12 showed possible C6 and C7 nerve impingement bilateral CTS. MRI of cervical spine dated 4/24/12 showed annular protrusion with right foraminal compromise at C3-4 and C5-6. Report of 6/3/14 from the provider noted the patient with ongoing complaints of chronic neck pain, stiffness associated with numbness and tingling. Exam showed cervical spine with full flex/ext./lateral tilt/ lateral rotation of full 50/25/25; positive compression test. Treatment included repeating MRI and EMG/NCS studies for continued chronic pain. The request(s) for Electromyography (EMG) of the Bilateral Upper Extremities and Nerve Conduction Velocity Study of the Bilateral Upper Extremities (NCV) were non-certified on 6/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This patient sustained an injury on 4/26/1999 from an auto accident while employed by [REDACTED]. Request(s) under consideration include Electromyography (EMG) of the Bilateral Upper Extremities and Nerve Conduction Velocity Study of the Bilateral Upper Extremities (NCV). Diagnoses include Neck sprain. The patient continues to treat for chronic neck and upper back pain radiating to upper extremities. Conservative care included physical therapy, medications, multiple epidural steroid injections, and modified activities/rest. EMG/NCV of upper extremities dated 5/17/12 showed possible C6 and C7 nerve impingement bilateral CTS. MRI of cervical spine dated 4/24/12 showed annular protrusion with right foraminal compromise at C3-4 and C5-6. Report of 6/3/14 from the provider noted the patient with ongoing complaints of chronic neck pain, stiffness associated with numbness and tingling. Exam showed cervical spine with full flex/ext./lateral tilt/ lateral rotation of full 50/25/25; positive compression test. Treatment included repeating MRI and EMG/NCS studies for continued chronic pain. The request(s) for Electromyography (EMG) of the Bilateral Upper Extremities and Nerve Conduction Velocity Study of the Bilateral Upper Extremities (NCV) were non-certified on 6/16/14. Exam showed full range without sensory changes or evidence of motor weakness in both upper extremities. The patient has established diagnosis of cervical radiculopathy by previous EMG/NCV with multiple cervical epidural steroid injections performed noting benefit. Additionally, current submitted reports have not adequately demonstrated any change in chronic symptoms and clinical findings of neurological deficits suggestive of change in cervical radiculopathy diagnosis. There are also no identified new injuries, acute flare-up or red-flag conditions with changed chronic symptoms and clinical findings to support repeating the electrodiagnostic study. The Electromyography (EMG) of the Bilateral Upper Extremities is not medically necessary and appropriate.

Nerve Conduction Velocity Study of the Bilateral Upper Extremities (NCV): Upheld

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 Page(s): 177-178.

Decision rationale: This patient sustained an injury on 4/26/1999 from an auto accident while employed by [REDACTED]. Request(s) under consideration include Electromyography (EMG) of the Bilateral Upper Extremities and Nerve Conduction Velocity Study of the Bilateral Upper Extremities (NCV). Diagnoses include Neck sprain. The patient continues to treat for chronic neck and upper back pain radiating to upper extremities. Conservative care included physical therapy, medications, multiple epidural steroid injections, and modified activities/rest. EMG/NCV of upper extremities dated 5/17/12 showed possible C6 and C7 nerve impingement bilateral CTS. MRI of cervical spine dated 4/24/12 showed annular protrusion with right foraminal compromise at C3-4 and C5-6. Report of 6/3/14 from the provider noted the patient with ongoing complaints of chronic neck pain, stiffness associated with numbness and tingling. Exam showed cervical spine with full flex/ext./lateral tilt/ lateral rotation of full 50/25/25; positive compression test. Treatment included repeating MRI and EMG/NCS studies for

continued chronic pain. The request(s) for Electromyography (EMG) of the Bilateral Upper Extremities and Nerve Conduction Velocity Study of the Bilateral Upper Extremities (NCV) were non-certified on 6/16/14. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, medical necessity for NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any peripheral entrapment syndrome, only with continued chronic pain and radicular component without specific consistent myotomal or dermatomal correlation to support for repeating the NCV when previous study already confirmed radiculopathy. The Nerve Conduction Velocity Study of the Bilateral Upper Extremities (NCV) is not medically necessary and appropriate.