

Case Number:	CM13-0031666		
Date Assigned:	01/15/2014	Date of Injury:	05/24/2001
Decision Date:	01/22/2015	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/04/2013

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 64-year-old female with a date of injury of 05/24/2001. According to progress report dated 09/10/2013, the patient presents with continued neck pain with weakness in the bilateral arms. Chiropractic treatment has provided "excellent relief" in the past. The listed diagnoses are cervicalgia, neck pain; cervical radiculopathy/radiculitis, and carpal tunnel syndrome. The patient reports pain and numbness in her upper extremities and experiencing weakness in her left hand. She reports dropping items. On examination, she has signs of left cervical radiculopathy and right cervical radiculitis. Tinel's test is positive on the right concerning for possible carpal tunnel syndrome. The provider would like to recommend a repeat MRI of the cervical spine for further evaluation and to rule out progression of underlying disk disease resulting in ongoing symptoms. He also recommends an EMG/NCV of the bilateral upper extremities to rule out peripheral versus central nerve root impingement as possible etiology of her bilateral upper extremity symptoms. The utilization review denied the request on 09/16/2013. Treatment reports from 01/16/2013 through 01/10/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity (NCV) of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on

Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation, Online Edition Chapter: Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

Decision rationale: This patient presents with continued neck pain with upper extremity weakness and numbness. The current request is for NCV of the right upper extremity. The utilization review states that prior EMG/NCV of the bilateral upper extremities were done (the date of prior studies are not indicated) which showed "early carpal tunnel syndrome and possible left cervical radiculopathy." For NCV of the bilateral upper extremities, the ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. Official Disability Guidelines has the following regarding electrodiagnostic (EDX) and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." The Official Disability Guidelines for electrodiagnostic studies states, "The number of tests performed should be the minimum needed to establish an accurate diagnosis." In this case, prior EMG/NCV testing has confirmed CTS and the patient has diagnoses of cervical radiculopathy and carpal tunnel syndrome. In addition, the treating physical has concurrently requested a MRI to further investigate the patient's radicular complaints. The requested repeat NCV is not medically necessary.

Nerve Conduction Velocity (NCV) of the Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation, Online Edition Chapter: Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

Decision rationale: This patient presents with continued neck pain with upper extremity weakness and numbness. The current request is for NCV of the left upper extremity. The utilization review states that prior EMG/NCV of the bilateral upper extremities were done (the date of prior studies are not indicated) which showed "early carpal tunnel syndrome and possible left cervical radiculopathy." For NCV of the bilateral upper extremities, the ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. Official Disability Guidelines has the following regarding electrodiagnostic (EDX) and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes

testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." The Official Disability Guidelines for electrodiagnostic studies states, "The number of tests performed should be the minimum needed to establish an accurate diagnosis." In this case, prior EMG/NCV testing has confirmed CTS and the patient has diagnoses of cervical radiculopathy and carpal tunnel syndrome. In addition, the treating physical has concurrently requested a MRI to further investigate the patient's radicular complaints. The requested repeat NCV is not medically necessary.

Electromyography (EMG) of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation, Online Edition Chapter: Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic Studies

Decision rationale: This patient presents with continued neck pain with numbness and weakness in the upper extremity. The current request is for electromyography (EMG) of the right upper extremity. The utilization review states that prior EMG/NCV of the bilateral upper extremities were done (the date of prior studies are not indicated) which showed "early carpal tunnel syndrome and possible left cervical radiculopathy." For EMG of the upper extremities, the ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The Official Disability Guidelines state that EMG is recommended as an option in selected cases. As documented in the Utilization Review letter, the patient has an EMG/NCV of the upper extremities which was positive for early carpal tunnel syndrome (CTS) and possible cervical radiculopathy. The Official Disability Guidelines for electrodiagnostic studies states, "The number of tests performed should be the minimum needed to establish an accurate diagnosis." In this case, prior EMG/NCV has confirmed CTS and the patient has diagnoses of cervical radiculopathy and carpal tunnel syndrome. In addition, the treating physical has concurrently requested a MRI to further investigate the patient's radicular complaints. The requested repeat EMG is not medically necessary.

Electromyography (EMG) of the Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation, Online Edition Chapter: Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic Studies

Decision rationale: This patient presents with continued neck pain with numbness and weakness in the upper extremities. The current request is for electromyography (EMG) of the left upper extremity. The utilization review states that prior EMG/NCV of the bilateral upper extremities were done (the date of prior studies are not indicated) which showed "early carpal tunnel syndrome and possible left cervical radiculopathy." For EMG of the upper extremities, the ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between carpal tunnel syndrome (CTS) and other conditions such as cervical radiculopathy. The Official Disability Guidelines state that EMG is recommended as an option in selected cases. As documented in the Utilization Review letter, the patient has an EMG/NCV of the upper extremities which was positive for early CTS and possible cervical radiculopathy. The Official Disability Guidelines for electrodiagnostic studies states, "The number of tests performed should be the minimum needed to establish an accurate diagnosis." In this case, prior EMG/NCV has confirmed CTS and the patient has diagnoses of cervical radiculopathy and carpal tunnel syndrome. In addition, the treating physical has concurrently requested a MRI to further investigate the patient's radicular complaints. The requested repeat EMG is not medically necessary.