

Case Number:	CM13-0065682		
Date Assigned:	01/03/2014	Date of Injury:	10/22/2011
Decision Date:	01/15/2015	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

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 & Rehabilitation, 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:

This patient is a 26 year old male, with a date of injury of 10/22/11. The listed diagnoses are: 1) Cervical spine myofascial pain syndrome, 2) Lumbar spine myoligamentous soft tissue injury with radicular syndrome down left lower extremity, 3) Bilateral carpal tunnel syndrome with left greater than right. According to treating physician report dated 11/25/13, the patient presents with neck pain with nocturnal numbness and tingling in the bilateral hands. The patient also complained of low back pain that radiates into the left lower extremity. Examination of the cervical spine revealed flexion 40/45 and extension 40/55 with minimal pain. Shoulder compression testing on the left and right are slightly increases pain the in cervical region. Reflexes, motor and sensory testing were normal in the upper extremities. Palpation of the cervical spine revealed slight tenderness in the paraspinal musculature. Sensory test of the bilateral hands revealed a decrease in sensation in the median nerve distributions. Range of motion was within normal limits. Tinel's and Phalen's tests were positive for left hand and negative for right hand. Due to the patient's increase in nocturnal numbness and tingling the hands, the treating physician recommends EMG/NCV study to the bilateral upper extremities "to further explore the probably carpal tunnel conditions." The Utilization review denied the request on 12/5/13. Treatment reports 11/15/13 and 11/25/13 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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 Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

Decision rationale: This patient presents with continued neck pain and increase in numbness and tingling in the hands. The current request is for EMG/NCV Bilateral Upper Extremities. The Utilization review states there is "documented exam evidence providing support for indication of nerve compromise to the left upper extremity. Therefore, based on the current available information, the medical necessity for these electrodiagnostic studies has been established and the request is modified for an EMG/NCV of the left upper extremity." ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. ODG further states regarding 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 patient has an increase in complaints of numbness and tingling in both hands. No prior MRI or EMG/NCV testing are found in the medical records provided for review. The treating physician is requesting diagnostic testing for clinical verification of carpal tunnel syndrome. The requested EMG/NCV of the upper extremities is medically necessary.