

Case Number:	CM14-0154810		
Date Assigned:	09/24/2014	Date of Injury:	08/10/2013
Decision Date:	01/29/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/22/2014

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 Rehab 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 underlying date of injury in this case is 08/10/2013. The date of the utilization review under appeal is 09/18/2014. An initial physician review of 09/16/2014 states that electrodiagnostic studies were requested for subjective numbness and tingling, but there are no specific exam findings to indicate peripheral nerve entrapment. Therefore, non-certification was recommended regarding electrodiagnostic testing. On 09/04/2014, the patient was seen in orthopedic consultation regarding numbness and tingling of the left upper extremity. The treating physician noted that it was important to obtain electrodiagnostic studies including EMG and nerve conduction studies in order to assess the patient's pathology. Therefore, the treating physician requested this study. Previously on 09/03/2014, the patient was seen in chiropractic treatment evaluation and noted to have continued pain in the neck radiating to the left upper extremity. The patient was noted to have a bulge at C5-C6 causing lateral spinal stenosis versus a left brachial plexopathy and a possible C5 radiculopathy. The patient was also noted to have loss of grip strength from a discogenic injury at C5-C6. An ultrasound of the brachial plexus was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: ACOEM guidelines, Chapter 8, neck, page 178, states that electromyography and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. A prior physician review stated that electrodiagnostic studies are not indicated with subjective symptoms only; however, the guidelines do specifically recommend electrodiagnostic studies in such a situation, as some nerve entrapments, such as early carpal tunnel syndrome, may indeed present with subjective symptoms without objective neurological deficits yet. Moreover, the treating physician notes are somewhat inconsistent but suggest the possibility of reduced grip strength, which could represent a neurological finding on exam. Overall, the records outline diagnostic uncertainty on physical examination and given past cervical imaging. An electrodiagnostic evaluation is supported by the treatment guidelines in this situation. This request is medically necessary.

Nerve Conduction Studies (NCS): Overturned

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): 178.

Decision rationale: ACOEM guidelines, Chapter 8, neck, page 178, states that electromyography and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. A prior physician review stated that electrodiagnostic studies are not indicated with subjective symptoms only; however, the guidelines do specifically recommend electrodiagnostic studies in such a situation, as some nerve entrapments, such as early carpal tunnel syndrome, may indeed present with subjective symptoms without objective neurological deficits yet. Moreover, the treating physician notes are somewhat inconsistent but suggest the possibility of reduced grip strength, which could represent a neurological finding on exam. Overall, the records outline diagnostic uncertainty on physical examination and given past cervical imaging. An electrodiagnostic evaluation is supported by the treatment guidelines in this situation. This request is medically necessary.