

Case Number:	CM14-0173134		
Date Assigned:	10/23/2014	Date of Injury:	09/15/1994
Decision Date:	04/14/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: District of Columbia, Virginia
 Certification(s)/Specialty: Internal Medicine

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 63 year old male, who sustained an industrial injury on September 15, 1994. The injured worker was diagnosed as having rule out carpal tunnel syndrome versus left radial tunnel syndrome; status post radial artery grafting. Treatment to date has included pain and anti-epilepsy medications. On October 16, 2014, the injured worker complains of left forearm burning sensation radiating to the thumb and hand with parasthesias. The physical exam revealed a well-healed surgical incision along the ventral aspect of the forearm, a positive Tinel's sign over the mid portion of the scar, and significantly decreased sensation to pinprick over the volar aspect of the thumb and fingers. He is able to flex all fingertips to the middle palmar crease and touch the tip of the thumb to the fifth metacarpal head. The treatment plan includes requesting a reconsideration of authorization of electromyography/nerve conduction study (EMG/NCS) testing of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve Conduction Velocity Study (NCS) for the right upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-

[https://www.acoempracguides.org/Cervical and Thoracic Spine 2, Summary of recommendations,Cervical and Thoracic Spine Disorders.](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine%202,%20Summary%20of%20recommendations,Cervical%20and%20Thoracic%20Spine%20Disorders)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-182.

Decision rationale: Per ACOEM: 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 assessment may include sensory evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. Diskography is frequently used prior to cervical fusions and certain disk-related procedures. There is significant scientific evidence that questions the usefulness of diskography in those settings. While recent studies indicate discography to be relatively safe and have a low complication rate, some studies suggest the opposite to be true. In any case, clear evidence is lacking to support its efficacy over other imaging procedures in identifying the location of cervical symptoms, and, therefore, directing intervention appropriately. Tears may not correlate anatomically or temporally with symptoms. Because this area is rapidly evolving, clinicians should consult the latest available studies. Table 8-7 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. This patient was found to have neurologic symptoms. Per guidelines cited, EMG/NCV testing would be appropriate.