

Case Number:	CM14-0191470		
Date Assigned:	11/24/2014	Date of Injury:	03/04/2011
Decision Date:	01/09/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/14/2014

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, has a subspecialty in Pain Medicine 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 is a patient with a date of injury of March 4, 2011. A utilization review determination dated November 14, 2014 recommends non-certification of Electrodiagnostic studies for the patient upper extremities. Non-certification is recommended due to lack of documentation of failed conservative treatment and previous IMR denial of bilateral upper extremity Electrodiagnostic studies. A progress report dated November 3, 2014 shows subjective complaints of pain and burning sensation affecting the right arm. The patient underwent a cervical epidural injection which improved her pain for 3-4 days. Physical examination findings reveal decreased sensation to pinprick over at the C5, C6, C7, C8, and T1 dermatomes on the right side as well as decreased grip strength and upper extremity strength on the right affecting all muscles. Diagnoses include post cervical laminectomy syndrome, cervical radiculopathy, muscle spasm, and muscle disorder. The treatment plan states that the patient underwent a cervical epidural steroid injection which only helped for 3-4 days and continues to get a burning sensation down the right arm. The treatment plan goes on to recommend an appeal of EMG/NCS of the upper extremities as she states "no needles were placed on her neck at most recent EMG/NCS testing; therefore we do not think cervical radiculopathy was tested for." Continued medication is also recommended. A progress report dated June 30, 2014 indicates that the patient has undergone at least 2 Electrodiagnostic studies of the upper extremities with one being done fairly recently. The treatment plan recommends additional Electrodiagnostic studies. An Electrodiagnostic study dated January 11, 2012 identifies mild right carpal tunnel syndrome. It appears that muscles innervating the C5-T1 myotomes were tested. A 2011 Electrodiagnostic test indicates that 7 right upper extremity muscles were tested as well as low, mid, and high cervical paraspinal muscles during the EMG portion of the examination. No cervical radiculopathy was identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG/NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, it appears the patient has undergone at least 3 Electrodiagnostic tests since 2011. At least one of those tests included cervical paraspinal muscles during the EMG portion of the examination. Additionally, it appears the patient has undergone cervical spine surgery, which significantly decreases the specificity of cervical paraspinal muscle sampling during EMG testing. Furthermore, the requesting physician has not identified how the patient's symptoms and findings have changed since the most recent 3 Electrodiagnostic studies were performed. Finally, no rationale has been provided for repeating the nerve conduction study portion of the examination. In the absence of clarity regarding those issues, the currently requested repeat EMG/NCS of bilateral upper extremities is not medically necessary.