

Case Number:	CM14-0210298		
Date Assigned:	12/23/2014	Date of Injury:	05/25/2013
Decision Date:	02/17/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/15/2014

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 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:

The patient is a 66 year-old male with a 5/25/2013 date of injury. According to the 9/15/14 psychiatry report, the patient presents with cervical, thoracic, lumbar and hip pain. He also has bilateral hand numbness and wrist pain. He has pain in the bilateral upper extremities and insomnia. His diagnoses include: fall from ladder with residual pain; upper extremity radiculopathy; lumbar discopathy; mild to moderate anxiety; bilateral carpal tunnel syndrome; herniated nucleus pulposis-cervical; lumbar radiculopathy; depression secondary to chronic pain; and musculoligamentous injury-thoracic. The exam findings pertaining to the upper extremities included decreased cervical range of motion; positive Tinels and Phalens in the left hand and decreased sensation in the median distribution of the left hand. The patient continues to work modified duty. The 4 medical reports from 5/7/14 through 9/15/14 show the bilateral carpal tunnel syndrome diagnosis first appearing on the 9/15/14 report, but cervical radiculopathy was suspected as far back as 5/7/14. On 11/12/14 utilization review denied the EMG/NCV for the upper extremities, stating it was not clear how the EMG/NCV will direct future treatment. The reviewer attempted a phone call for additional information rather than the required written notification, and denied the request for lack of information.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Left Upper Extremity: Overturned

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, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178; 260-262.

Decision rationale: The patient presents with neck pain, decreased cervical ROM; MRI findings of disc herniation, pain radiating down both arms; and numbness and tingling in the both hands; and positive Phalens and Tinels on the left. The physician requested an EMG/NCV bilateral upper extremities for further evaluation. This request is for EMG/NCV left upper extremity. Special Studies and Diagnostic and Treatment Considerations, page 178 states: "...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." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." ACOEM guidelines states EMG and NCV "may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks" The patient has had neck and arm symptoms for over 4 months, despite conservative care. The request is in accordance with ACOEM guidelines. The request for EMG/NCV of the left upper extremity IS medically necessary. The patient presents with neck pain, decreased cervical ROM; MRI findings of disc herniation, pain radiating down both arms; and numbness and tingling in the both hands; and positive Phalens and Tinels on the left. The physician requested an EMG/NCV bilateral upper extremities for further evaluation. This request is for EMG/NCV left upper extremity. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "...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." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." ACOEM guidelines states EMG and NCV "may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks" The patient has had neck and arm symptoms for over 4 months, despite conservative care. The request is in accordance with ACOEM guidelines. The request for EMG/NCV of the left upper extremity IS medically necessary.

EMG/NCV Right Upper Extremity: Overturned

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, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178; 260-262.

Decision rationale: The patient presents with neck pain, decreased cervical ROM; MRI findings of disc herniation, pain radiating down both arms; and numbness and tingling in the both hands; and positive Phalens and Tinel's on the left. The physician requested an EMG/NCV bilateral upper extremities for further evaluation. This request is for EMG/NCV right upper extremity. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "...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." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." ACOEM guidelines states EMG and NCV "may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks" The patient has had neck and arm symptoms for over 4 months, despite conservative care. The request is in accordance with ACOEM guidelines. The request for EMG/NCV of the right upper extremity IS medically necessary.