

Case Number:	CM15-0133021		
Date Assigned:	07/21/2015	Date of Injury:	05/15/2009
Decision Date:	08/26/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/09/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old male, who sustained an industrial injury on 5/15/09. The injured worker was diagnosed as having cervical spine musculoligamentous sprain/strain with bilateral upper extremity radiculitis, multilevel disc desiccation at C2-7, and significant disc protrusion at C6-7. Other diagnoses included bilateral shoulder periscapular sprain/strain with impingement and bilateral wrist sprain/strain. Treatment to date has included medication. Currently, the injured worker complains of neck pain radiating to bilateral upper extremities, bilateral wrist pain, and bilateral shoulder pain. The treating physician requested authorization for electromyography and nerve conduction studies for the right and left upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography), Right Upper Extremity, Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. Per MTUS ACOEM p182, with regard to the detection of neurologic abnormalities, EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent is not recommended. Per MRI of the cervical spine dated 11/27/11, there was underlying disc desiccation at C2-C3, C3-C4, C4-C5, C5-C6, and C6-C7. There was a significant posterior protrusion at C6-C7, where there was a 3mm combination disc protrusion with some bony change. Additionally, there was a prominent posterior bony lamina at this level. The protrusion at C6-C7 was about 3mm. There were minor 1-2mm bulges at C4-C5 and C5-C6. Per progress noted dated 5/13/15, decreased sensation in the bilateral upper extremities from the elbows down to the hands was noted. The injured worker also had a history of right hand weakness. Per the guidelines cited above, EMG is not recommended if Radiculopathy is already clinically obvious. The request is not medically necessary.

EMG (electromyography), Left Upper Extremity, Qty 1: Upheld

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desiccation at C2-C3, C3-C4, C4-C5, C5-C6, and C6-C7. There was a significant posterior protrusion at C6-C7, where there was a 3mm combination disc protrusion with some bony change. Additionally, there was a prominent posterior bony lamina at this level. The protrusion at C6-C7 was about 3mm. There were minor 1-2mm bulges at C4-C5 and C5-C6. Per progress noted dated 5/13/15, decreased sensation in the bilateral upper extremities from the elbows down to the hands was noted. The injured worker also had a history of right hand weakness. Per the guidelines cited above, EMG is not recommended if Radiculopathy is already clinically obvious. The request is not medically necessary.

NCS (nerve conduction study), Right Upper Extremity, Qty 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve conduction studies (NCS).

Decision rationale: Per the ODG guidelines with regard to NCS: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of Radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected Radiculopathy. (Al Nezari, 2013) In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. (Charles, 2013) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of Radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if Radiculopathy is already clinically obvious. As the requested treatment is not recommended, the request is not medically necessary.

NCS (nerve conduction study), Left Upper Extremity, Qty 1: Upheld

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

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