

Case Number:	CM15-0140950		
Date Assigned:	07/30/2015	Date of Injury:	05/11/2006
Decision Date:	09/15/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old male who sustained an industrial injury on May 11, 2006 resulting in pain in his head, neck and back, radiating to the bilateral shoulders and upper extremities. He was diagnosed with cervicgia. Documented treatment has included anterior cervical fusion resulting in chronic neck pain, physical therapy, TENS unit at home providing 45 minutes of relief each use; and, oral and transdermal medication. The injured worker continues to report headaches occurring for 4-5 hours per day, and radiating neck, shoulder and back pain. The treating physician's plan of care includes Electromyography and nerve conduction studies to the bilateral extremities. Current work status is not stated in the provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Upper Extremity Electromyography (EMG): Upheld

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): 177-78.

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient is suffering from chronic pain, and it appears that with respect to the lower back and lower extremity symptoms, nerve studies may have been warranted, but with respect to the upper extremities, and given the prior history of surgery, etc., there is not sufficient evidence of progressive or different neurologic physical exam abnormalities provided in the documents to indicate bilateral upper extremity NCV or EMG. Therefore, unless there is a specific question regarding the possibility of operative intervention, etc., per the guidelines, the request for EMG/NCV is not considered medically necessary.

Left Upper Extremity Electromyography (EMG): Upheld

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): 177-78.

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient is suffering from chronic pain, and it appears that with respect to the lower back and lower extremity symptoms, nerve studies may have been warranted, but with respect to the upper extremities, and given the prior history of surgery, etc., there is not sufficient evidence of progressive or different neurologic physical exam abnormalities provided in the documents to indicate bilateral upper extremity NCV or EMG. Therefore, unless there is a specific question regarding the possibility of operative intervention, etc., per the guidelines, the request for EMG/NCV is not considered medically necessary.

Right Upper Extremity Nerve Conduction Study (NCS), Qty 1: Upheld

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): 177-78.

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient is suffering from chronic pain, and it appears that with respect to the lower back and lower extremity symptoms, nerve studies may have been warranted, but with respect to the upper extremities, and given the prior history of surgery, etc., there is not sufficient evidence of progressive or different neurologic physical exam abnormalities provided in the documents to indicate bilateral upper extremity NCV or EMG, Therefore, unless there is a specific question regarding the possibility of operative intervention, etc., per the guidelines, the request for EMG/NCV is not considered medically necessary.

Left Upper Extremity Nerve Conduction Study (NCS), Qty 1: Upheld

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): 177-78.

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient is suffering from chronic pain, and it appears that with respect to the lower back and lower extremity symptoms, nerve studies may have been warranted, but with respect to the upper extremities, and given the prior history of surgery, etc., there is not sufficient evidence of progressive or different neurologic physical exam abnormalities provided in the documents to indicate bilateral upper extremity NCV or EMG, Therefore, unless there is a specific question regarding the possibility of operative intervention, etc., per the guidelines, the request for EMG/NCV is not considered medically necessary.