

<b>Case Number:</b>	CM15-0142739		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	06/02/1998
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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

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 59 year old female with an industrial injury dated 06-02-1998. Her diagnoses included right cervical facet mediated pain; rule out right cervical radiculopathy, right shoulder pain, lumbar degenerative disc disease and spinal cord stimulator. Prior treatment included TENS unit, physical therapy, stretches, heat and ice DCS implant for low back and bilateral leg pain and medications. She had a successful set of cervical medial branch blocks performed providing 100% relief of her cervical pain for 24 hours. In the progress note dated 06-30-2015 the provider documents the injured worker has increased right arm pain, numbness and tingling into right 4th and 5th fingers. She also had more shoulder and neck pain radiating to right shoulder, arm and hand. Physical exam of the cervical spine noted tender right cervical facet joints and myofascial tenderness of right upper trapezius. There was pain with lumbar extension and rotation. Right sacroiliac joint was tender. Upper extremity exam noted tenderness in bilateral elbows and sensory loss in right fourth finger. Lower extremity exam revealed diminished sensation of right sacral 1. Treatment plan included referral to neurology for NCV-EMG to rule out cervical radiculopathy and medications. The treatment request is for NCV-EMG of the neck, nerve conduction study - motor and office consultation with comprehensive history, examination and highly complex medical decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV/EMG of the neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the request for office consult is in regard to EMG/NCV. As these tests are not supported by the guidelines, the request for office consultation with comprehensive history, examination and highly complex medical decision is determined to not be medically necessary.

**Office Consultation with comprehensive history, examination and highly complex medical decision:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the request for office consult is in regard to EMG/NCV. As these tests are not supported by the guidelines, the request for office consultation with comprehensive history, examination and highly complex medical decision is determined to not be medically necessary.

**Nerve Conduction Study, motor:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter - Electrodiagnostic studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter/Nerve Conduction Studies (NCS) Section.

**Decision rationale:** The MTUS Guidelines address the use of NCS in detection of neurological abnormalities at the elbow and wrist, but for the use cervical radiculopathy it recommends the use of EMG and NCV to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. The ODG does not recommend the use of NCS to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic process if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCS when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. The rationale for this study is not included in the available documentation; therefore, the request for nerve conduction study, motor is determined to not be medically necessary.