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| Case Number: | CM15-0149177 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 11/03/2009 |
| Decision Date: | 09/10/2015 | UR Denial Date: | 07/16/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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: Emergency 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 57 year old male, who sustained an industrial injury on 11-3-09. Initial complaints were not reviewed. The injured worker was diagnosed as having disc protrusion with radiculopathy cervical spine; late postoperative cervical spine; degenerative disc disease cervical spine. Treatment to date has included acupuncture; physical therapy; medications. Diagnostics studies included EMG/NCV study bilateral upper extremities (11-28-13); CT scan cervical spine (3-25-13); MRI cervical spine (11-13-12); MRI cervical spine (7-30-15). Currently, the PR-2 notes dated 7-2-15 indicated the injured worker complains of his left arm continue to bother him and that the symptoms are progressively worsening. He describes his pain in his neck radiating down into his shoulder and left arm with numbness, weakness and loss of grip strength. He is not able to grip a can of soda or bottle of water. The acupuncture treatments have been authorized and he wishes to proceed with them but is concerned about his left arm. On examination on this day, the provider documents weakness in the left hand in the C6 and C7 distributions and he has a decreased sensation in these dermatomes. Due to his new symptoms and increased neurological deficit, he is recommending an EMG and MRI of this cervical spine to rule out a new herniation. The provider notes the injured worker is experiencing a lot of nerve pain and the EMG will identify whether this is due to acute or chronic change. The submitted record report a diagnosis of late postoperative cervical spine but there is no date of surgical intervention or operative report. An EMG/NCV study of the upper extremities was done on 11-28-12 and reports electrophysiological evidence suggestive of Left C6 and C7 chronic radiculopathy with axonal motor loss versus upper and middle truck plexopathy. A MRI of the cervical spine was done on 7-30-15 with an impression of C5-6 moderate disc degeneration with 2-3mm bulge,

bilateral uncovertebral hypertrophy and foraminal stenosis. At C4-5 left uncinated hypertrophy and facet arthropathy causing marked foraminal stenosis. At C3-4, there is moderate left facet arthropathy and foraminal stenosis. At C6-7 and C7-T1, there are degenerative changes. The provider is requesting authorization of EMG/NCV study of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BUE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182 and 272.

Decision rationale: EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. There is no indication or signs of peripheral nerve entrapment especially with no symptoms in right arm. There is no rationale provided for requested test. NCV is not medically necessary. As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints except for claim of more weakness. Patient already has an EMG from 2012 that shows obvious radiculopathy on left arm. There is no right arm symptoms. There is no rationale about why testing is requested for a limb with no symptoms. EMG is not medically necessary. EMG and NCV of bilateral upper extremities are not medically necessary.