

Case Number:	CM15-0161137		
Date Assigned:	08/27/2015	Date of Injury:	09/24/2013
Decision Date:	10/07/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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: Physical Medicine & Rehabilitation

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 44 year old male who sustained an industrial-work injury on 9-24-13. He reported an initial complaint of neck pain and left arm numbness along with low back pain. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis. Treatment to date includes medication, physical therapy, and exercises. MRI results were reported on 1-23-14. Currently, the injured worker complained of neck pain and pain in the lateral aspect of the forearm with tingling in the hands. Per the primary physician's report (PR-2) on 6-17-15, neck exam reveals flexion at 70 degrees, extension at 70 degrees. The low back has 60 degrees of flexion and 10 degrees of extension, straight leg raise is negative, ankle dorsi and plantar flexors, quadriceps, and iliopsoas are 5/5. Current plan of care included EMG-NCV electromyography-nerve conduction velocity test, home stretching exercises, increase weight lifting limitation and follow up in six weeks. The requested treatments include EMG (electromyography) of the left upper extremity, EMG of the right upper extremity, NCV (nerve conduction velocity test) right upper extremity, and NCV left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The 44 year old patient complains of neck pain, left arm numbness, and low back pain, as per progress report dated 06/17/15. The request is for EMG OF THE LEFT UPPER EXTREMITY. The RFA for this case is dated 07/10/15, and the patient's date of injury is 09/24/13. Diagnoses, as per progress report dated 06/17/15, included cervical spondylosis at C4- 5, and chronic pain syndrome. The patient is status post laminectomy at L5-S1 and status post anterior cervical decompression and fusion at C5-6. The patient has work restrictions, as per the same report. For EMG, ACOEM Guidelines, chapter 11, Forearm, Wrist, and Hand Complaints chapter and Special Studies section, page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, 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." In this case, a request of EMG/NCV of upper extremities is noted in progress report dated 06/17/15. The treater states that the study will help "evaluate the objectivity to his subjective complaints of numbness and tingling in upper extremity." In the same report, the treater states that "he does not have numbness and tingling in the upper extremity, but he does feel this awkward pain on the lateral aspect of the forearm." However, subsequently in the report, the treater states that patient is "having some tingling in his hands. We must rule out carpal tunnel syndrome versus neuropathy in the upper extremity versus radiculopathy." As per progress report dated 05/06/15, the patient appears to have "left arm intermittent numbness and pain in his extensor part of his forearm. He states this started post operatively." Given the patient's left upper extremity symptoms and neurologic deficits, an EMG to rule out CTS versus neuropathy appears reasonable and is supported by ACOEM. Hence, the request IS medically necessary.

EMG of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The 44 year old patient complains of neck pain, left arm numbness, and low back pain, as per progress report dated 06/17/15. The request is for EMG OF THE RIGHT UPPER EXTREMITY. The RFA for this case is dated 07/10/15, and the patient's date of injury is 09/24/13. Diagnoses, as per progress report dated 06/17/15, included cervical spondylosis at

C4-5, and chronic pain syndrome. The patient is status post laminectomy at L5-S1 and status post anterior cervical decompression and fusion at C5-6. The patient has work restrictions, as per the same report. For EMG, ACOEM Guidelines, chapter 11, Forearm, Wrist, and Hand Complaints chapter and Special Studies section, page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, 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." In this case, a request of EMG/NCV of upper extremities is noted in progress report dated 06/17/15. The treater states that the study will help "evaluate the objectivity to his subjective complaints of numbness and tingling in upper extremity." In the same report, the treater states that "he does not have numbness and tingling in the upper extremity, but he does feel this awkward pain on the lateral aspect of the forearm." However, subsequently in the report, the treater states that patient is "having some tingling in his hands. We must rule out carpal tunnel syndrome versus neuropathy in the upper extremity versus radiculopathy." Given the patient's upper extremity symptoms and neurologic deficits, an EMG to rule out CTS versus neuropathy appears reasonable and is supported by ACOEM. Hence, the request IS medically necessary.

NCV right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The 44 year old patient complains of neck pain, left arm numbness, and low back pain, as per progress report dated 06/17/15. The request is for NCV OF THE RIGHT UPPER EXTREMITY. The RFA for this case is dated 07/10/15, and the patient's date of injury is 09/24/13. Diagnoses, as per progress report dated 06/17/15, included cervical spondylosis at C4-5, and chronic pain syndrome. The patient is status post laminectomy at L5-S1 and status post anterior cervical decompression and fusion at C5-6. The patient has work restrictions, as per the same report. For NCV, ACOEM Guidelines, chapter 11, Forearm, Wrist, and Hand Complaints chapter and Special Studies section, page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, 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." In this case, a request of EMG/NCV of upper extremities is noted in

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