

Case Number:	CM15-0162766		
Date Assigned:	08/31/2015	Date of Injury:	12/08/1999
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/19/2015

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 injury on December 8, 1999. He reported a repetitive injury to his arms. The injured worker was currently diagnosed as having complex regional pain syndrome of upper extremity, radiculopathy, cervical post-laminectomy syndrome, torsion dystonia, hand injury and ulnar nerve abnormality. Treatment to date has included medication, Botox injections and spinal cord stimulator with moderate relief. On July 20, 2015, the injured worker complained of severe pain in the arm and spine with radiation down the arm to the hands. He also reported pain in his right elbow and arm. The pain was described as sharp, stabbing, aching, burning and shooting. Medication, ice and rest were noted to make the pain better. The treatment plan included medications, neurosurgery consultation, stellate block anesthesia, EMG and NCV. A request was made for an EMG of the left upper extremity, NCV of the left upper extremity, EMG of the right upper extremity and NCV of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient presents with pain in the neck and the back, and pain in the bilateral upper extremities. The request is for EMG LEFT UPPER EXTREMITY. Patient is status post cervical laminectomy surgery, date unspecified. Physical examination to the cervical spine on 07/20/15 revealed tenderness to palpation to the cervicothoracic paraspinal muscles with spasm. Range of motion was limited with pain. Examination to the right upper extremity revealed tenderness to palpation over cubital tunnel which retracted arm pain. Patient's treatments have included Botox injections, spinal cord stimulator, and medication. Per 06/24/15 progress report, patient's diagnosis include complex regional pain syndrome of upper extremity, radiculopathy, cervical post-laminectomy syndrome, torsion dystoria, and hand injury. Patient's medications, per 05/21/15 progress report include Oxycontin, OxyIR, Actiq, Lidoderm Patch, and Neurontin. Per 04/21/15 progress report, patient is permanently disabled. For EMG, ACOEM Guidelines, Chapter 12, Low Back Complaints Chapter, under Special Studies and Diagnostic Treatment Consideration 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." The treater has not discussed this request. Review of the medical records provided do not indicate a prior EMG of the left upper extremity. In progress report dated 07/20/15, it is stated that patient's pain is located in the arms and spine and radiates to hands and that the pain has worsened with time. Given patient's diagnosis and continued symptoms, the request appears reasonable and in accordance with guidelines. Therefore, the request for EMG of left upper extremity IS medically necessary.

NCV left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient presents with pain in the neck and the back, and pain in the bilateral upper extremities. The request is for NCV LEFT UPPER EXTREMITY. Patient is status post cervical laminectomy surgery, date unspecified. Physical examination to the cervical spine on 07/20/15 revealed tenderness to palpation to the cervicothoracic paraspinal muscles with spasm. Range of motion was limited with pain. Examination to the right upper extremity revealed tenderness to palpation over cubital tunnel which retracted arm pain. Patient's treatments have included Botox injections, spinal cord stimulator, and medication. Per 06/24/15 progress report, patient's diagnosis include complex regional pain syndrome of upper extremity,

radiculopathy, cervical post-laminectomy syndrome, torsion dystoria, and hand injury. Patient's medications, per 05/21/15 progress report include Oxycontin, OxyIR, Actiq, Lidoderm Patch, and Neurontin. Per 04/21/15 progress report, patient is permanently disabled. For EMG, ACOEM Guidelines, Chapter 12, Low Back Complaints Chapter, under Special Studies and Diagnostic Treatment Consideration 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." The treater has not discussed this request. Review of the medical records provided do not indicate a prior NCV of the left upper extremity. In progress report dated 07/20/15, it is stated that patient's pain is located in the arms and spine and radiates to hands and that the pain has worsened with time. Given patient's diagnosis and continued symptoms, the request appears reasonable and in accordance with guidelines. Therefore, the request for NCV of left upper extremity IS medically necessary.

EMG right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient presents with pain in the neck and the back, and pain in the bilateral upper extremities. The request is for EMG RIGHT UPPER EXTREMITY. Patient is status post cervical laminectomy surgery, date unspecified. Physical examination to the cervical spine on 07/20/15 revealed tenderness to palpation to the cervicothoracic paraspinal muscles with spasm. Range of motion was limited with pain. Examination to the right upper extremity revealed tenderness to palpation over cubital tunnel which retracted arm pain. Patient's treatments have included Botox injections, spinal cord stimulator, and medication. Per 06/24/15 progress report, patient's diagnosis include complex regional pain syndrome of upper extremity, radiculopathy, cervical post-laminectomy syndrome, torsion dystoria, and hand injury. Patient's medications, per 05/21/15 progress report include Oxycontin, OxyIR, Actiq, Lidoderm Patch, and Neurontin. Per 04/21/15 progress report, patient is permanently disabled. For EMG, ACOEM Guidelines, Chapter 12, Low Back Complaints Chapter, under Special Studies and Diagnostic Treatment Consideration 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." The treater has not discussed this request. Review of the medical records provided do not indicate a prior EMG of the right upper extremity. In progress report dated 07/20/15, it is stated that patient's pain is located in the arms and spine and radiates to hands and that the pain has worsened with time. Given patient's diagnosis and continued symptoms, the request appears reasonable and in accordance with guidelines. Therefore, the request for EMG of right upper extremity IS medically necessary.

NCV right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient presents with pain in the neck and the back, and pain in the bilateral upper extremities. The request is for NCV RIGHT UPPER EXTREMITY. Patient is status post cervical laminectomy surgery, date unspecified. Physical examination to the cervical spine on 07/20/15 revealed tenderness to palpation to the cervicothoracic paraspinal muscles with spasm. Range of motion was limited with pain. Examination to the right upper extremity revealed tenderness to palpation over cubital tunnel which retracted arm pain. Patient's treatments have included Botox injections, spinal cord stimulator, and medication. Per 06/24/15 progress report, patient's diagnosis include complex regional pain syndrome of upper extremity, radiculopathy, cervical post-laminectomy syndrome, torsion dystoria, and hand injury. Patient's medications, per 05/21/15 progress report include Oxycontin, OxyIR, Actiq, Lidoderm Patch, and Neurontin. Per 04/21/15 progress report, patient is permanently disabled. For EMG, ACOEM Guidelines, Chapter 12, Low Back Complaints Chapter, under Special Studies and Diagnostic Treatment Consideration 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." The treater has not discussed this request. Review of the medical records provided do not indicate a prior NCV of the right upper extremity. In progress report dated 07/20/15, it is stated that patient's pain is located in the arms and spine and radiates to hands and that the pain has worsened with time. Given patient's diagnosis and continued symptoms, the request appears reasonable and in accordance with guidelines. Therefore, the request for NCV of right upper extremity IS medically necessary.