MAXIMUS Federal Services

Case Number:	CM15-0163021		
Date Assigned:	08/31/2015	Date of Injury:	09/25/2007
Decision Date:	10/05/2015	UR Denial Date:	08/07/2015
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:

This 61 year old male sustained an industrial injury on 9-25-07. He subsequently reported neck and back pain. Diagnoses include cervicalgia, lumbosacral spondylosis without myelopathy. Treatments to date include MRI testing and prescription pain medications. The injured worker has continued complaints of neck and low back pain. Upon examination, there is burning sensation in the bilateral feet (L5 level) and a loss of reflex at the S1 level bilaterally at the Achilles. A request for EMG/NCS for the RUE as outpatient was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS for The RUE As Outpatient: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents on 07/31/15 bilateral hand numbness and swelling, and a burning sensation in the bilateral feet secondary to walking. The patient's date of injury is

09/25/07. Patient is status post anterior cervical disc fusion at C5 through C7 levels at a date unspecified. The request is for EMG/NCS For The Rue As Outpatient. The RFA is dated 07/30/15. Physical examination dated 04/30/15 reveals paraspinal tenderness in the cervical region. An appeal letter written by the requesting provider, dated 08/11/15 includes findings which were not included with the progress report associated with this request. In this letter, the provider notes: "his paresthesias in the bilateral hands has not resolved. He is noting progressive weakness and dropping items. I mistakenly did not include his wrist exam findings of a positive Phalen's test and increased paresthesias in the hand with AP pressure over the carpal tunnel region." The patient is currently prescribed Flexeril, Cytotec, Diclofenac, Gabapentin, Misoprostol, Naproxen, Omeprazole, and Tramadol. Patient's current work status is not provided. 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 regard to an EMG/NCV study to be performed on the right upper extremity, the request is appropriate. In this case, it appears that the requested electrodiagnostic study was non-certified by UR owing to a lack of physical examination findings indicative of neurological compromise in the upper extremities. An appeal letter written by the requesting provider, dated 08/11/15 includes findings which were not included with the progress report associated with this request. In this letter, the provider states: "his paresthesias in the bilateral hands has not resolved. He is noting progressive weakness and dropping items. I mistakenly did not include his wrist exam findings of a positive Phalen's test and increased paresthesias in the hand with AP pressure over the carpal tunnel region." NCV/EMG studies are utilized to differentiate between carpal tunnel syndrome and cervical radiculopathy. Given this patient's continuing neurological symptoms in the upper extremities and history of cervical fusion, such diagnostics are indicated and could provide a clearer picture of this patient's underlying pathology. Therefore, this request is medically necessary.