

Case Number:	CM15-0168503		
Date Assigned:	09/09/2015	Date of Injury:	10/17/2014
Decision Date:	10/07/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 38-year-old male, who sustained an industrial injury on 10-17-14. Initial complaint was pain in his neck. The injured worker was diagnosed as having left C6-C7 disc protrusion with annular tear; upper extremities radiculitis; left -sided cervical facet syndrome; cervical-thoracic myofascial pain; bilateral upper extremity neuropathic pain; cervicalgia. Treatment to date has included physical therapy; acupuncture; medications. Diagnostics studies included MRI cervical spine (12-3-14). Currently, the PR-2 notes dated 7-23-15 indicated the injured worker complains of neck and bilateral upper extremity pain. He recently had prednisone taper and does not have some degree of relief in his arms. He has moderate-to severe left neck pain rated as an 8-9 out of 10. He cyclobenzaprine was denied. He reports the medications are effective in reducing his pain by more than 50% including Naproxen 550mg twice a day; Neurontin 600mg twice a day and Pantoprazole 20mg two tablets twice a day but no longer using it. He also uses topical Methoderm. He has had physical therapy. He describes the pain as burning pain in the bilateral upper extremities, non-dermatomally. He denies focal weakness or bowel or bladder dysfunction. On physical examination, the provider documents bilateral cervical motion at 75 degrees, flexion 220 and extension 5 degrees. He has tenderness over the left mid-cervical facets and paraspinal musculature. He has 5 out of 5 strength bilaterally in deltoid, biceps, triceps, supraspinatus, digital interossei, abductor pollicis, flexor digitorum profundus and finger extensors with normal sensation in the bilateral upper extremities. He has a 2+ bilateral biceps, triceps, and brachioradialis deep tendon reflexes. The provider notes a diagnosis of left C6-C7 disc protrusion with annular tear and likely upper extremity radiculitis. In addition, he notes left-sided cervical facet syndrome with cervical and thoracic myofascial pain. He also notes bilateral upper extremity neuropathic pain. A MRI of the cervical spine

dated 12-3-14 impression reveals 1) Mild left paracentral protrusion. The treatment plan includes a bilateral upper extremity EMG-NCV study. The injured worker has significant neuropathic pain in the bilateral upper extremities. He does have a C6-C7 disc protrusion, which does not completely account for his symptoms. The provider is also requesting acupuncture and a continuation of his medications. He has a discussion with the injured worker about the possibility of a cervical epidural in the future and may also benefit from left-sided facet injection. A request was made for a bilateral upper extremity EMG-NCV due to the injured worker's significant neuropathic pain. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 8-3-15 and non-certification was for an EMG/NCV right and left upper extremities. The provider is requesting authorization of EMG/NCV right and left upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back-Nerve Conduction Studies.

Decision rationale: EMG/NCV right upper extremity is not medically necessary per the MTUS Guidelines. The MTUS states that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms based on radiculopathy. The documentation indicates that the patient has neuropathic symptoms and neck pain and likely has radiculitis based on cervical imaging. It is not clear what other diagnoses the provider is looking for on EMG/NCS. In the presence of normal reflexes, sensation and strength there is no other evidence in the documentation to suggest peripheral polyneuropathy, brachial plexopathy or focal entrapment/compression neuropathy in the upper extremities therefore this request is not medically necessary.

EMG/NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back-Nerve Conduction Studies.

Decision rationale: EMG/NCV left upper extremity is not medically necessary per the MTUS Guidelines. The MTUS states that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms based on radiculopathy. The documentation indicates that the patient has neuropathic symptoms and neck pain and likely has radiculitis based on cervical imaging. It is not clear what other diagnoses the provider is looking for on EMG/NCS. In the presence of normal reflexes, sensation and strength there is no other evidence in the documentation to suggest peripheral polyneuropathy, brachial plexopathy or focal entrapment/compression neuropathy in the upper extremities therefore this request is not medically necessary.