

Case Number:	CM15-0185719		
Date Assigned:	09/25/2015	Date of Injury:	07/16/2009
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on 7-16-2009. The medical records indicate that the injured worker is undergoing treatment for cervical radicular symptoms. According to the progress report dated 7-27-2015, the injured worker presented with complaints of severe pain in his neck with radiation down left arm, associated with numbness and burning sensation in the left hand. In addition, he complains of a sharp pain over his left neck and medial scapula which radiates down the left arm. The level of pain is not rated. The physical examination of the cervical spine reveals limited range of motion. There is tenderness over the left posterior cervical triangle and the medial aspect of the scapula. The current medications are Oxycodone, Norco, and Lunesta. Previous diagnostic studies include nerve conduction study (2011), which was normal. Treatments to date include medication management and 4 physical therapy sessions. Work status is described as temporarily disabled. The original utilization review (8-26-2015) had non-certified a request for nerve conduction study of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction study of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS 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 section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, nerve conduction study (NCS) of the left upper extremity is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are that post open injury left small finger; status post three reconstructive surgeries left small finger; 90% contracture proximal interphalangeal joint of left small finger; cervical DDD and spondylosis C5 - C7; and circle radicular symptoms following nerve conduction study. Date of injury is July 16, 2009. Request for authorization is August 6, 2015. According to a July 31, 2015 progress note, the injured worker has ongoing neck pain that radiates to the left shoulder to the left upper extremity and fifth small finger. Injured worker has three prior reconstructive surgeries to the left small finger. The injured worker had a prior nerve conduction study in 2011. The study was reportedly normal. Progress note documentation does not contain a clinical indication or rationale for repeating the nerve conduction study based on present clinical symptoms and signs. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, a prior nerve conduction study in 2011 that was reportedly normal and no clinical indication or rationale for repeating this study, nerve conduction study (NCS) of the left upper extremity is not medically necessary.