

Case Number:	CM15-0187009		
Date Assigned:	09/29/2015	Date of Injury:	09/03/2013
Decision Date:	12/01/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

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: 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 54 year old male who sustained an industrial injury September 3, 2013, described as cumulative trauma to the neck and upper extremities. According to a handwritten primary treating physician's progress report dated June 26, 2015, the injured worker presented with severe neck, upper extremity and elbow pain. Objective findings included; paresthesia, weakness, C6, C7 radiculopathy and positive ulnar Tinel's sign. Diagnoses are cervical spondylosis with C6-C7 radiculopathy; ulnar cubital syndrome. Treatment plan included Celebrex and at issue, a request for authorization dated June 26, 2015 for an EMG-NCV of the right and left upper extremities. A handwritten primary treating physician's progress report dated August 7, 2015, finds the injured worker with continued complaints of neck and upper extremity pain. Objective findings included the same data as the June 26, 2015 report. Again, a request for authorization dated August 7, 2015, is present for EMG- NCS, bilateral upper extremities. A report of an MRI of the cervical spine dated June 25, 2015, is present in the medical record. According to utilization review dated August 24, 2015, the request for EMG- NCV (electromyography-nerve conduction velocity studies) right and left upper extremity were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the right upper extremity: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. The injured worker complains of ongoing radicular neck pain, with clinical signs of cervical radiculopathy. Documentation demonstrates that electrodiagnostic studies were previously performed and physician report at the time of the requested service under review fails to show new objective findings of specific nerve compromise to establish the medical necessity of EMG/NCV. The request for Electromyogram (EMG) of the right upper extremity is not medically necessary per guidelines.

Electromyogram (EMG) of the left upper extremity: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. The injured worker complains of

ongoing radicular neck pain, with clinical signs of cervical radiculopathy. Documentation demonstrates that electrodiagnostic studies were previously performed and physician report at the time of the requested service under review fails to show new objective findings of specific nerve compromise to establish the medical necessity of EMG/NCV. The request for Electromyogram (EMG) of the left upper extremity is not medically necessary per guidelines.

Nerve conduction velocity of the right upper extremity: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Nerve conduction studies (NCS).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends nerve conduction studies (NCS) in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery. The injured worker complains of ongoing radicular neck and upper extremity pain, with clinical signs of cervical and ulnar nerve radiculopathy. Documentation demonstrates that electrodiagnostic studies were previously performed and physician report at the time of the requested service under review fails to show new objective findings of specific nerve compromise to establish the medical necessity of EMG/NCV. The request for Nerve conduction velocity of the right upper extremity is not medically necessary per guidelines.

Nerve conduction velocity of the left upper extremity: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Nerve conduction studies (NCS).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends nerve conduction studies (NCS) in patients

with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery. The injured worker complains of ongoing radicular neck and upper extremity pain, with clinical signs of cervical and ulnar nerve radiculopathy. Documentation demonstrates that electrodiagnostic studies were previously performed and physician report at the time of the requested service under review fails to show new objective findings of specific nerve compromise to establish the medical necessity of EMG/NCV. The request for Nerve conduction velocity of the left upper extremity is not medically necessary per guidelines.