

Case Number:	CM15-0192692		
Date Assigned:	10/06/2015	Date of Injury:	10/19/2006
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/30/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 53 year old female patient who sustained an industrial injury October 19, 2006. The diagnoses include cervical root lesions, not elsewhere classified; reflex sympathetic dystrophy of the upper limb; carpal tunnel syndrome; cubital tunnel syndrome, right; adhesive capsulitis, right, cervical radiculopathy. According to a treating physician's progress report dated September 10, 2015, the patient had complaints of left shoulder pain, bilateral elbow pain, cervical pain and bilateral hand pain. The patient had pain with radiation to the bilateral upper extremities. The detailed recent physical examination was not specified in the records provided. Per the note dated 8/5/15, the physical examination revealed cervical spine-tenderness, decreased range of motion, negative Spurling test, positive Tinel's at left elbow, decreased sensation in the left upper extremity and 5/5 strength in the bilateral upper extremities. The medications list includes Norco and Elavil. She has undergone right C4-5, C5-6 facet medial branch nerve blocks on 6/4/2015 with at least a 50-60% improvement in pain immediately after the procedure. She has undergone multiple surgeries including right shoulder arthroscopy in 2007, right shoulder manipulation under anesthesia in March 2008, left carpal tunnel release in February 2010 and right carpal tunnel release in April 2010, right wrist and elbow surgery in 2007 and SCS (spinal cord stimulator) 2010. She has had bracing and physical therapy for the bilateral elbows and injections. Past history included depression and bilateral epicondylitis. She has had multiple diagnostic studies including a CT scan of the cervical spine with multiplanar reformatted images dated February 9, 2015 which revealed metallic leads form a SCS create beam hardening artifact from C1-C5; no visible bony stenosis of the central canal or the foramina; early C4-5 and C5-6 spondylosis, unremarkable for age; a cervical spine(2-3 views) x-ray dated February 27, 2015 which revealed no change in appearance of the spinal cord stimulator leads in the posterior aspect

of the cervical spine canal extending to the C1-2 level; no acute disease, no significant change has occurred; right shoulder MRI; left shoulder MRI; EMG/NCS upper extremities dated 10/7/14 which revealed bilateral chronic active C5-6 radiculopathy; Electrodiagnostic studies dated 8/7/2007, 5/26/2009, 11/9/2009 and 1/31/2012. A urine drug screen dated May 4,2015, was consistent with prescribed medication. Treatment plan included to continue with wrist splint support and elbow extension brace support. At issue, is the request for authorization for EMG-NCV (electromyography-nerve conduction velocity studies) bilateral upper extremities. According to utilization review dated September 24, 2015, the requests for nerve conduction studies, bilateral upper extremities and electromyography, bilateral upper extremities, per the 09-10-2015 order were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction studies (NCV) bilateral upper extremities QTY: 2: Upheld

Claims Administrator 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 & Upper Back.

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

Decision rationale: Nerve conduction studies (NCV) bilateral upper extremities QTY: 2 Per the cited guidelines "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." She has had multiple EMG/NCS upper extremities, last dated 10/7/14, which revealed bilateral chronic active C5-6 radiculopathy. Significant changes in signs and symptoms since the last electrodiagnostic study that would require repeat NCS is not specified in the records provided. Failure to recent conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of Nerve conduction studies (NCV) bilateral upper extremities QTY: 2 is not fully established for this patient at this time.

Electromyography (EMG) bilateral upper extremities QTY: 1: Upheld

Claims Administrator 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 & Upper Back.

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

Decision rationale: Electromyography (EMG) bilateral upper extremities QTY: 1 Per the cited guidelines "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." She has had multiple EMG/NCS upper extremities, last dated 10/7/14, which revealed bilateral chronic active C5-6 radiculopathy. Significant changes in signs and symptoms since last electrodiagnostic study that would require repeat EMG is not specified in the records provided. Failure to recent conservative therapy

including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of Electromyography (EMG) bilateral upper extremities QTY: 1 is not fully established for this patient at this time.