MAXIMUS Federal Services

Case Number:	CM15-0193958		
Date Assigned:	10/07/2015	Date of Injury:	03/22/1988
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/02/2015

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: Pennsylvania
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:

The injured worker is a 51-year-old female, who sustained an industrial injury on 3-22-88. The injured worker was diagnosed as having cervical spondylosis, cervical disc herniation at C5-6 and C6-7, cervical foraminal stenosis, cervical radiculitis, and muscle spasm. Treatment to date has included right C6-7 selective nerve root blocks, physical therapy, and medication including Topamax and Norco. Physical examination findings on 8-4-15 included decreased cervical spine range of motion with positive Spurling's test on the right at C6-7. Tinel's and Phalen's tests were positive for the right wrist. On 8-4-15, the injured worker complained of right hand and right arm paresthesias. On 9-8-15, the treating physician requested authorization for electromyography and nerve conduction velocity of the upper extremities. On 9-14-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Upper Extremities: 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, Neck and Upper Back, Electromyography, Nerve Conduction Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Electrodiagnostic studies.

Decision rationale: According to the ODG: "EMG and NCS are separate studies and should not necessarily be done together. In the Carpal Tunnel Syndrome Chapter it says that NCS is recommended in patients with clinical signs of CTS who may be candidates for surgery, but EMG is not generally necessary. In the Low Back Chapter and Neck Chapter, it says NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." This request is for a repeat EMG/NCV study. In the progress notes, it is stated that this is being requested for ongoing pain. There is no indication that there has been a significant change in symptoms or clinical exam findings for which a repeat study is indicated. It is also not clear, what diagnosis is being considered. This worker has known radiculopathy. She also has a positive Tinel's and Phalen's at the wrist. It is not likely that both the EMG and NCV study are indicated but this cannot be determined from the available documentation since the documentation is not specific enough as to what suspected diagnosis/diagnoses is being considered. The requested treatment is not medically necessary.