MAXIMUS Federal Services

Case Number:	CM15-0201124		
Date Assigned:	10/16/2015	Date of Injury:	10/27/2014
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 54 year old female injured worker suffered an industrial injury on 10-27-2014. The diagnoses included cervical disc protrusion, myospasms, pain and radiculopathy, thoracic disc protrusion, myospasms, lumbar degenerative disc disease, disc protrusion and myospasms and right shoulder impingement syndrome and tenosynovitis. On 9-14-2015 the treating provider reported the cervical, thoracic and lumbar spine pain was constant and severe relieved by medications, physical therapy and medication. The right shoulder had moderate pain with weakness and cramping. On exam, the cervical and thoracic spine was tender with decreased range of motion with spasms. The lumbar spine had decreased range of motion with tenderness of the bilateral sacroiliac joints and lumbar muscles with spasms along with positive straight leg raise. The right shoulder was tender with decreased range of motion along with muscle spasms. Request for Authorization date was 9-14-2015. The Utilization Review on9-23-2015 determined non-certification for EMG-NCV of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back 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.

Decision rationale: CA/MTUS ACOEM Neck and Upper Back Chapter, page 178, states, 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 assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physio- logic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). The ODG neck section states the 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-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (Lin, 2013) While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. Studies have not shown portable nerve conduction devices to be effective. In this case, the exam note from 9/14/15 does not demonstrate subjective or objective findings consistent with neurologic dysfunction. There is no objective evidence of myotomal weakness or sensory abnormalities in a dermatomal distribution. There is no documentation of decreased upper extremity reflexes. In addition, there is no documentation that the injured worker has failed a course of conservative treatment to specifically address his neck symptoms. Therefore, the request does not meet the criteria set forth in the guideline and is therefore not medically necessary.