

<b>Case Number:</b>	CM15-0201318		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	07/26/2014
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, 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:

The injured worker is a 42 year old female, who sustained an industrial-work injury on 7-26-14. A review of the medical records indicates that the injured worker is undergoing treatment for myofascial pain syndrome, cervical radiculopathy, and discogenic cervical pain. Medical records dated 9-24-15 indicate that the injured worker complains of neck pain in the entire neck without radiation of pain. The pain is described as dull and aching. The symptoms are severe and unchanged and exacerbated by neck movements and relieved with rest. Per the treating physician report dated 8-10-15 the work status is temporary total disability. The physical exam reveals that there is cervical tenderness to palpation, the pain is characterized as spasmodic, there is decreased cervical range of motion and testing is limited due to apprehension, guarding and pain. There is paresthesia of the right C6, right L4, right L5 and right S1. There is decreased light touch of the right C6, right L4, right L5 and right S1. There is decreased two-point discrimination right C6. Treatment to date has included pain medication Naproxen, analgesic creams, surgical consult, acupuncture (unknown amount), cervical Magnetic Resonance Imaging (MRI), off of work, and other modalities. Magnetic resonance imaging (MRI) of the cervical spine dated 12-26-14 reveals mild multi-level degenerative disc disease (DDD). The request for authorization date was 9-25-15 and requested services included electromyography (EMG) -nerve conduction velocity studies (NCV) Bilateral upper extremity and Pain management consult. The original Utilization review dated 10-6-15 non-certified the request for electromyography (EMG) -nerve conduction velocity studies (NCV) Bilateral upper extremity and Pain management consult.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG/NCS Bilateral upper extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is 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. An EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, the claimant had radicular findings on exam but not in imaging. The claimant had seen a spine surgeon who recommended an EMG to determine if surgical intervention is needed. The request for an EMG-NCV is medically necessary.

### **Pain management consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant had already seen a spine surgeon. There was

no indication for a procedure or intervention at this point on a surgical or pain management standpoint. The EMG /NCV was not yet completed to determine peripheral vs central etiology. The request for pain management is not medically necessary.