

Case Number:	CM15-0203941		
Date Assigned:	10/20/2015	Date of Injury:	10/03/2014
Decision Date:	12/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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:

This is a 58 year old male with a date of injury on 10-3-14. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck pain. Progress report dated 9-10-15 reports complaints of worsening neck pain with worsening radiculopathy. The neck pain radiates to the bilateral upper extremities with weakness and numbness. The pain is described as constant, throbbing, cramping, tingling and aching. He reports the injections provided significant temporary relief. Medication and elevating his arm helps provide relief and sitting aggravates the pain. The injured worker also states he has muscle aches, joint pain, migraines, sleep disturbance and restless sleep. He is awaiting approval of an EMG. Treatments include: medication, epidural steroid injections carpal tunnel surgery 2011 and 2012 and cervical fusion and cervical disc replacement (2011 and 2012). Request for authorization dated 9-10-15 was made for Electromyogram (EMG) of the bilateral upper extremities. Utilization review dated 9-17-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the bilateral upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 physiologic 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 injured worker has a very complex history of cervical spine surgery. He has undergone cervical fusion at C3-4 and a disc replacement at C4-5. However he is currently having symptoms of consistent with lower cervical level compression. An MRI from 3/15 demonstrates stenosis and C5-6 and C6-7. Based on the documented exam from 7/13/15 it is unclear his current upper extremity symptoms are secondary to radiculopathy or peripheral nerve compression. An EMG is clinically indicated according to the guidelines. Therefore the request is medically necessary.