

Case Number:	CM15-0205340		
Date Assigned:	10/22/2015	Date of Injury:	04/09/2015
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female who sustained an industrial injury on 04-09-2015. A review of the medical records indicated that the injured worker is undergoing treatment for cervical spine musculoligamentous sprain and strain with left upper extremity radiculitis, cervical disc protrusion and left wrist sprain, De Quervain's syndrome. According to the treating physician's progress report on 09-28-2015, the injured worker continues to experience neck pain radiating to the left upper extremity rated at 6 out of 10 and constant, severe left wrist pain aggravated by lifting, squeezing and gripping rated at 7 out of 10 on the pain scale. Examination of the cervical spine demonstrated tenderness over the bilateral trapezius musculoligamentous and tenderness with spasm over the bilateral paracervical musculature. Range of motion was decreased in all planes with positive cervical compression test on the left. Examination of the left wrist demonstrated tenderness over the first dorsal extensor compartments. The injured worker holds her left arm in a guarded position with range of motion documented as flexion at 45 degrees, extension at 40 degrees, radial deviation at 8 degrees and ulnar deviation at 10 degrees. Finklestein's test was positive on the left, Tinel's was negative on the left and the injured worker was unable to perform a Phalen's test. Motor strength revealed generalized weakness in the left upper extremity with trace deep tendon reflexes of the left biceps and triceps tendons and 1+ at the left brachioradialis. Sensation was decreased to pinprick over the C6 and C7 dermatomes. A review of the cervical spine magnetic resonance imaging (MRI) dated 09-02-2015 revealed multi-level stenosis according to the progress notes dated 09-28-2015. Prior treatments have included diagnostic testing, brace, acupuncture therapy, physical therapy and medications.

Current medication prescribed was Tramadol ER 150mg. The injured worker remains off work. Treatment plan consists of internal medicine consultation for gastrointestinal (GI) upset, injection to the left De Quervain's with ultrasound, pain management consultation, continuing medication regimen and the current request for Electromyography (EMG) of the left upper extremity and Nerve Conduction Velocity (NCV) studies of the left upper extremity. On 10-09-2015 the Utilization Review determined the request for Electromyography (EMG) of the left upper extremity and Nerve Conduction Velocity (NCV) studies of the left upper extremity was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - online version updated 9/22/2015.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, Electromyography and Nerve conduction studies.

Decision rationale: The patient presents with pain affecting the neck with radiation to the left upper extremity. The current request is for EMG of the left upper extremity. The treating physician report dated 8/9/15 (61B) notes that the physician is requesting EMG/NCV studies of the left upper extremity in his consideration for surgery due to failed conservative care. The MTUS guidelines do not address the current request. The ACOEM guidelines state, 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. Repeat studies, "test may be repeated later in the course of treatment if symptoms persist." The medical reports provided do not show that the patient has received prior EMG or NCV studies previously. In this case, the patient presents with worsening neck pain with radiation down the left upper extremity that has persisted for longer than 3-4 weeks. Furthermore, the treating physician feels that the current request is medically necessary as he is considering the patient for possible surgery. The request for EMG is medically necessary.

NCV of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - online version updated 9/22/2015.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, Electromyography and Nerve conduction studies.

Decision rationale: The patient presents with pain affecting the neck with radiation to the left upper extremity. The current request is for NCV of the left upper extremity. The treating physician report dated 8/9/15 (61B) notes that the physician is requesting EMG/NCV studies of the left upper extremity in his consideration for surgery due to failed conservative care. The MTUS guidelines do not address the current request. The ACOEM guidelines state, 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. Repeat studies, "test may be repeated later in the course of treatment if symptoms persist." The medical reports provided do not show that the patient has received prior EMG or NCV studies previously. In this case, the patient presents with worsening neck pain with radiation down the left upper extremity that has persisted for longer than 3-4 weeks. Furthermore, the treating physician feels that the current request is medically necessary as he is considering the patient for possible surgery. The current request for NCV is medically necessary.