

Case Number:	CM15-0027109		
Date Assigned:	02/19/2015	Date of Injury:	06/16/2003
Decision Date:	04/14/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/12/2015

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: Internal Medicine, Hospice & Palliative Medicine

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 59-year-old male, who sustained an industrial injury on 6/16/03. He has reported neck injury. The diagnoses have included cervical degenerative disc, cervical radiculopathy, cubital tunnel syndrome of left arm and carpal tunnel syndrome of left wrist. Treatment to date has included cervical/thoracic epidural, shoulder arthroscopy with repair of slap lesion, transposition of ulnar nerve at elbow and oral medications. X-rays of cervical spine revealed previous fusion and degenerative disc disease. Currently, the injured worker complains of constant aching pain in left side of neck with sharp shooting pain into left shoulder and arm. On 12/5/14, cervical tenderness and paraspinous muscle spasm are noted on palpation. On 1/15/15 Utilization Review non-certified (EMG) Electromyogram and (NCV) Nerve Conduction Velocity studies of upper extremities, noting the most recent evaluation noted positive findings suggestive of decreased sensation of C6-7, guidelines do not support the performance of (EMG) Electromyogram/(NCV) Nerve Conduction Velocity studies if radiculopathy is already clinically obvious. The MTUS, ACOEM Guidelines and ODG were cited. On 1/21/15, the injured worker submitted an application for IMR for review of (EMG) Electromyogram and (NCV) Nerve Conduction Velocity studies of upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCV of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 165-188, page 261.

Decision rationale: The MTUS Guidelines recommend the use of electromyography (EMG) to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms. To clarify nerve root dysfunction in cases when a bulging disc in the upper spine is suspected before treatment with surgery; in the diagnosis of nerve root problems when the documented history, examination, and imaging studies are inconsistent. To help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The MTUS Guidelines recommend the use of nerve conduction velocity (NCV) studies to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation indicated the worker was experiencing left neck pain that went into the arm and left finger numbness and tingling. There was no discussion suggesting any of the above conditions or describing special circumstances that would support the use of these studies in this setting. In the absence of such evidence, the current request for electromyography (EMG) and nerve conduction velocity (NCV) studies of both arms is not medically necessary.