

Case Number:	CM15-0029172		
Date Assigned:	02/23/2015	Date of Injury:	02/10/2014
Decision Date:	04/13/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/17/2015

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

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 57 year old female, who sustained an industrial injury on 2/10/14. She has reported neck pain after working under a microscope for several years with bending forward. The diagnoses have included neck sprain/strain, cervicgia, rule out cervical radiculopathy and right carpal tunnel syndrome. Treatment to date has included medications, hot packs, physical therapy six plus sessions and chiropractic 2 sessions with no significant benefit. Currently, per office visit note dated 1/7/15, the injured worker complains of neck, right cervicobrachial, and distal right upper extremity pain with numbness and tingling. She states that the pain in the neck is continuous and radiates to the right cervicobrachial region and periscapular region. She also complains of pain, numbness and tingling in the volar aspect of the wrist with radiation up the forearm. She states she awakens at night with numbness in hands and has to shake them. She has occasional numbness and tingling in the digits of hands. The nerve conduction studies dated 1/13/15 revealed abnormal study with evidence of right and left median mononeuropathy at the wrist, ulnar mononeuropathy at the right elbow and no evidence of radiculopathy. Physical exam revealed spasm and guarding in the right cervical spine and pain with facet loading on the right. The Tinel sign was positive over the right carpal tunnel and decreased sensation in the volar aspect of the hand and digits. The treatment plan was for workup with cervical Magnetic Resonance Imaging (MRI) and electrodiagnostic studies since she has failed conservative treatment. Work status was full duty with 10 minute break every hour from performing work with upper extremities. On 1/19/15 Utilization Review modified a request for Bilateral upper extremity EMG (NCS & EMG electrodiagnostic studies per narrative office note of 01/07/15)

modified to certification of bilateral upper extremity nerve conduction studies and non-certification of diagnostic needle EMG evaluation of the neck and bilateral upper extremities, noting the Official Disability Guidelines (ODG) - online version Carpal Tunnel Syndrome - Nerve Conduction Studies were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral upper extremity EMG (NCS & EMG electrodiagnostic studies per narrative office note of 01/07/15): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version Carpal Tunnel Syndrome - Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: The patient presents with pain in the neck, radiating to the right arm and into the right hand, rated 6-7/10. The request is for BILATERAL UPPER EXTREMITY EMG (NCS AND EMG ELECTROMAGNETIC STUDIES PER NARRATIVE OFFICE NOTES. Physical examination on 02/09/15 to the cervical spine revealed tenderness to palpation along the paraspinal muscles right side greater than left with muscle tension extending into the right upper trapezius muscle. MRI findings on 02/02/15 showed C4-C5 and C6-C7 severe left foraminal stenosis with mild to moderate central canal stenosis. EMG of the upper extremities on 01/13/15 showed moderate right and mild left median mononeuropathy and bilateral carpal tunnel and mild ulnar mononeuropathy at the right elbow. Patient has had physical therapy and chiropractic treatments without benefit. Patient's diagnosis, per 02/09/15 progress report include carpal tunnel syndrome, neck pain and syndrome cervicobrachial. Per 02/09/15 progress report, patient's medications include Naproxen and Pantoprazole. Patient's work status is modified duties. For EMG/NCV, ACOEM guidelines page 262 states: appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. In 01/07/15 progress report, treater states that given the patient's neurologic symptoms, she does need electrodiagnostic studies. The patient does present with neck pain that radiates to the right arm and into the right hand. ACOEM guidelines recommend electrodiagnostic studies to help differentiate between CTS and other conditions such as cervical radiculopathy. It would appear that the treater went ahead with the studies on 1/13/15 without authorization. Given that the patient did not have a prior EMG/NCV studies and the support from ACOEM for this study to evaluation upper extremity symptoms, the request IS medically necessary.