

Case Number:	CM15-0218883		
Date Assigned:	11/10/2015	Date of Injury:	08/01/2013
Decision Date:	12/22/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 72-year-old female, with a reported date of injury of 08-01-2013. The diagnoses include neck pain, hand pain, clinical early cervical myelopathy, and rule out instability, left carpal tunnel syndrome, and left ulnar nerve cubital tunnel syndrome. The spine consultation report dated 10-08-2015 indicates that the injured worker complained of neck pain, bilateral upper extremity pain, numbness and weakness, and bilateral hand pain, numbness, and weakness. She reported a significant amount of hand numbness and weakness. The injured worker also stated that she dropped objects, and it was concerning. Her pain was rated 8 out of 10. The objective findings include pain to palpation with muscle spasms over the cervical spine; limited range of motion of the cervical spine due to pain; decreased hand strength; diminished sensation in the upper extremities, left hand worse than the right; positive Spurling's test; and positive Hoffman reflex bilaterally. It was noted that electrodiagnostic studies performed on 03-2015 showed left carpal tunnel syndrome. The injured worker's work status was deferred to the primary care provided. The medical report dated 10-14-2015 indicates that the injured worker had neck pain, and hand pain. The injured worker rated her neck pain 5-6 out of 10. The objective findings include pressure on the cervical facets aggravated pain complaints, bilaterally; range of motion aggravated cervical facet pain; trigger points located in palpable taut bands in the levator scapula, trapezius, and rhomboid muscles; cervical spine range of motion limited by muscle spasm; decreased bilateral shoulder range of motion; positive right Neer's impingement; positive bilateral Hawkin's impingement; left elbow extension at 10 degrees; positive lateral epicondyle tenderness bilaterally; positive resisted wrist extension bilaterally; painful range of motion at the

left thenar carpometacarpal joint; and decreased sensation at the bilateral C6 and median nerve distribution. It was noted that the expected permanent and stationary determination would be deferred. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Duloxetine, topical Pennsaid, Celebrex, Naproxen, six physical therapy sessions, acupuncture, and modification of activities. The request for authorization was dated 10-14-2015. The treating physician requested an EMG (electromyography) and NCS (nerve conduction study) for the bilateral upper extremities. It was noted that the injured worker had a mixed pattern of presentation involving the upper extremity peripheral compression neuropathy and cervical findings. The treating physician also noted that electrodiagnostic studies are indicated to ensure that they could objectively determine the areas of pathology. On 10-15-2015, Utilization Review (UR) non-certified the request for an EMG (electromyography) and NCS (nerve conduction study) for the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG.NCS of the bilateral upper extremities (BUE): 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) Neck and Upper Back (Acute & Chronic) (updated 6/25/15) Electromyography (EMG), Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a cumulative trauma work injury due to keyboard use with date of injury in August 2013 and is being treated for neck and bilateral upper extremity pain. The requesting provider saw her for an initial evaluation on 10/08/15. She had neck and bilateral upper extremity and hand pain, numbness, and weakness. Treatments had included medications, acupuncture, activity modification, and physical therapy. Pain was rated at 8/10. Prior testing had included an EMG in March 2015 showing findings of left carpal tunnel syndrome. Physical examination findings included decreased cervical spine range of motion due to pain. There was decreased hand intrinsic and brachioradialis strength. There was decreased upper extremity sensation, worse on the left side. Left Phalen's testing was positive. Tinels testing at the left elbow was positive. Spurling's testing was positive. Authorization was requested for cervical spine flexion and extension x-rays, a cervical spine MRI, and bilateral upper extremity electrodiagnostic testing. Indications for repeat electrodiagnostic testing include the following: (1) The development of a new set of symptoms; (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive; (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome); (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis; (5) When there is an unexpected course or change in course of a disease; and

(6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing and none of the above indications is present. She already has a diagnosis of left carpal tunnel syndrome confirmed by the prior testing. Additionally, the claimant's prior imaging results were not reviewed when the request was made and these should be correlated with her current symptoms before requesting any additional testing. Repeat electrodiagnostic testing is not medically necessary.