

Case Number:	CM15-0220802		
Date Assigned:	11/13/2015	Date of Injury:	11/04/2011
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on November 4, 2011, incurring upper and lower back and shoulder injuries. He was diagnosed with cervicalgia, cervical disc disease, cervical neuritis, lumbago, and bursitis of the left shoulder. The patient had EMG of upper extremity on 8/14/12 that was normal. In 2013, Electromyography studies revealed cervical radiculopathy. Treatment included physical therapy, pain medications, muscle relaxants, anti-inflammatory drugs, neuropathic medications, and urine drug screen and activity restrictions. He underwent left shoulder arthroscopy. Currently on 6/5/15, the injured worker complained of cervical pain radiating into the left arm and shoulder aggravated by prolonged standing, sitting and lying down. The pain was associated with back stiffness, headaches and left arm weakness and numbness. The numbness persisted in the left fingers. He noted difficulty sleeping. His chronic pain interfered with his daily activities of daily living. Physical examination of the cervical spine revealed tenderness on palpation, limited range of motion, 5/5 strength and diminished sensation in left upper extremity. Significant neurological deficits on physical examination of the right upper extremity were not specified in the records provided. The treatment plan that was requested for authorization included Electromyography and Nerve Conduction Velocity studies of the bilateral upper extremities. On October 22, 2015, a request for Electromyography and Nerve Conduction Velocity studies was denied by utilization review. The medication list includes Flexeril, Neurontin, Ibuprofen and Norco. The patient sustained the injury due to a MVA. The patient has had MRI of the cervical spine on 1/13/15 that revealed disc protrusions, foraminal and central canal narrowing. The patient was recommended for cervical fusion surgery. Physical examination of the cervical spine on 9/15/15 revealed tenderness on palpation, and limited range of motion. A detailed neurological examination of the bilateral upper extremities on 9/9/15 and on 10/6/15 was not specified in the records specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Request: EMG/NCV bilateral upper extremities. Per ACOEM chapter 12 guidelines, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Per the ACOEM guidelines cited below, For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. 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 patient had an EMG of upper extremity on 8/14/12 that was normal. In 2013, Electromyography studies revealed cervical radiculopathy. Significant changes in objective physical examination findings since the last EMG that would require a repeat EMG study were not specified in the records provided. Significant neurological deficits on physical examination of the right upper extremity were not specified in the records provided. A detailed neurological examination of the bilateral upper extremities on 9/9/15 and on 10/6/15 was not specified in the records specified. A detailed history and duration of signs /symptoms of tingling and numbness in the bilateral upper extremity was not specified in the records provided. A plan for an invasive procedure for the upper extremity was not specified in the records provided. Objective evidence of cervical spine red flags or physiological evidence of tissue insult or neurological dysfunction was not specified in the records provided. The patient had received an unspecified number of the PT visits for this injury. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. The medical necessity of the request for EMG/NCV bilateral upper extremities is not medically necessary for this patient.