

Case Number:	CM15-0033665		
Date Assigned:	02/27/2015	Date of Injury:	02/22/2011
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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 47-year-old female who sustained an industrial related injury on 2/22/11 while lifting a heavy tray. The injured worker had complaints of neck pain that radiated to the left shoulder and arms with numbness and tingling to the fingers. Diagnoses included left cervical radiculopathy at C4-5, major depressive disorder, pain disorder, and history of post-traumatic stress disorder. Physical examination findings included left paracervical tenderness, positive left Spurling's test, and left upper extremity weakness. Treatment included physical therapy, acupuncture, and epidural injections. Medication included Lithium Carbonate, Flexeril, Cyclobenzaprine, Cymbalta, Wellbutrin, Neurontin, Gabapentin, and Nexium. The treating physician requested authorization for an electromyogram and nerve conduction velocity studies for the right upper extremity. On 2/5/15 the requests were non-certified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule and Official Disability Guidelines. The UR physician noted the injured worker's symptoms and findings appear to primarily be on the left side. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of The Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178 and 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back Chapter, EMG studies.

Decision rationale: Based on the 01/16/15 progress report, the patient complains of neck pain that radiated to the left shoulder and arms with numbness and tingling to the fingers, rated 5/10. The request is for EMG of right upper extremity. Per RFA dated 01/29/15, the patient's diagnoses included retrolisthesis, spinal stenosis and instability. Per 01/16/15 provider report, physical examination revealed increased pain with extension and turning to the left with limited range of motion, positive left Spurling's test, and left upper extremity weakness. Treatment to date has included physical therapy, acupuncture, epidural injections and medications. The patient is temporarily totally disabled. ACOEM page 178 (cervical chapter) and 260-262 (wrist chapter) 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 may be repeated later in the course of treatment if symptoms persist. ODG (Online, Cervical chapter: Electromyography (EMG)). ODG states, Recommended as an option in selected cases. Per provider report, 01/16/15, provider states, "I recommend an EMG/NCV of bilateral upper extremities to rule out nerve injury and damage and to determine the exact level of surgery." There is no indication the patient has had a prior EMG study. Given the patient's numbness and tingling along with radiating symptoms, the request appears reasonable. The request is medically necessary.

NCV of The Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178 and 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back Chapter, Nerve conduction studies.

Decision rationale: Based on the 01/16/15 progress report, the patient complains of neck pain that radiated to the left shoulder and arms with numbness and tingling to the fingers, rated 5/10. The request is for NCV of right upper extremity. Per RFA dated 01/29/15, the patient's diagnoses included retrolisthesis, spinal stenosis and instability. Per 01/16/15 provider report, physical examination revealed increased pain with extension and turning to the left with limited range of motion, positive left Spurling's test, and left upper extremity weakness. Treatment to date has included physical therapy, acupuncture, epidural injections and medications. The patient is temporarily totally disabled. ACOEM page 178 (cervical chapter) and 260-262 (wrist chapter)

states, 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. ODG (Online, Cervical chapter: Nerve conduction studies (NCS)). ODG states: not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. Per provider report, 01/16/15, provider states, "I recommend an EMG/NCV of bilateral upper extremities to rule out nerve injury and damage and to determine the exact level of surgery." In this case, while the patient reports radiating symptoms to the left shoulder and arms, along with numbness and tingling. Given that there are no prior NCV studies, the request is medically necessary.