

Case Number:	CM15-0037093		
Date Assigned:	03/05/2015	Date of Injury:	08/22/2009
Decision Date:	04/17/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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 45-year-old male, with a reported date of injury of 08/22/2009. The diagnoses include cervical disc disease, cervical radiculitis, neck pain, and carpal tunnel syndrome. Treatments have included oral medications, six sessions of physical therapy, an MRI of the cervical spine, an x-ray of the cervical spine, an electromyography/nerve conduction velocity test of the bilateral upper extremities on 06/11/2012, and a two-level anterior cervical discectomy fusion on 07/26/2010. The progress report dated 01/06/2015 indicates that the injured worker complained of moderate, frequent cervical pain and right upper extremity with numbness to his fourth and fifth fingers. The objective findings include decreased cervical range of motion, normal motor strength in the upper extremities, decreased sensation to light touch over the C6 dermatome, and a positive Phalen's test. The treating physician requested an electromyography/nerve conduction velocity (EMG/NCV) of the left upper extremity and an electromyography/nerve conduction velocity (EMG/NCV) of the right upper extremity. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with pain and weakness in his neck and upper extremities bilaterally. The request is for EMG/NCV of left upper extremity. The patient has had previous EMG/NCV on 06/11/12, demonstrating bilateral carpal tunnel syndrome. MRI of the cervical spine from 03/31/10 shows herniated disc at C5-6 and C6-7. X-ray of the cervical spine from 03/30/10 reveals degenerative disc disease. Per 01/06/15 progress report, examination shows 5/5 motor strength in the upper extremity bilaterally, decrease sensation over the C6 dermatome and positive Phalen's test. Work statue is unknown. 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 this case, the patient already had a set of EMG/NCV studies of the upper extremities was conducted on 06/11/12. The treater does not explain why another set of studies are needed. There is no new injury and no significant progression of neurologic findings, and no new symptoms. Repeat study does not appear indicated. The request is not medically necessary.

EMG/NCV Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with pain and weakness in his neck and upper extremities bilaterally. The request is for EMG/NCV of right upper extremity. The patient has had previous EMG/NCV on 06/11/12, demonstrating bilateral carpal tunnel syndrome. MRI of the cervical spine from 03/31/10 shows herniated disc at C5-6 and C6-7. X-ray of the cervical spine from 03/30/10 reveals degenerative disc disease. Per 01/06/15 progress report, examination shows 5/5 motor strength in the upper extremity bilaterally, decrease sensation over the C6 dermatome and positive Phalen's test. Work statue is unknown. For EMG/NCV, ACOEM guidelines page 262 states, "appropriate electro diagnostic 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 this case, the patient already had a set of EMG/NCV studies of the upper extremities was conducted on 06/11/12. The treater does not explain why another set of studies are needed. There is no new

injury and no significant progression of neurologic findings, and no new symptoms. Repeat study does not appear indicated. The request is not medically necessary.