

Case Number:	CM15-0040837		
Date Assigned:	03/11/2015	Date of Injury:	02/01/2010
Decision Date:	04/21/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/03/2015

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 48-year-old male, who sustained an industrial injury on 2/1/10. He reported numbness and tingling paresthesias throughout the left arm and hand with left upper extremity weakness. The injured worker was diagnosed as having multilevel cervical foraminal stenosis with symptoms of left C8 sensory motor radiculopathy and cervicgia. Treatment to date has included oral medications including narcotics. (MRI) magnetic resonance imaging of cervical spine has been performed. Currently, the injured worker complains of constant aching in neck and shoulders with numbness of left hand and fingers. The current treatment plan consisted of (EMG) Electromyogram studies, (NCV) Nerve Condition Velocity studies, and (CT) computerized tomography scan of cervical spine and (MRI) magnetic resonance imaging of cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography), QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, EMG studies.

Decision rationale: This patient has a date of injury of 02/01/2010 and presents with neck pain, shoulder pain, and left upper extremity pain. The patient also reports numbness, tingling, and paresthesia throughout the left arm and hand. He denies lower extremity pain, numbness, or paresthesia. The current request is for EMG (electromyography) qty 1. The medical file provided for review does not include a Request for Authorization form. For EMG of the upper extremities, the ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. Progress report dated 01/16/2015 states that the request is for an EMG/NCV of the cervical spine. The Utilization Review denied the request stating that the EMG/NCV is for "an unspecified extremity." MRI of the cervical spine dated 08/22/2014 showed diffuse spondylosis and disk degeneration throughout the cervical spine. There is no prior EMG testing found in the medical records provided. The patient has continued complaints of radiating pain into the upper extremities, and the treating physician is unclear if radiculopathy is present in this patient. In this case, a request for bilateral upper extremity EMG appears to be warranted, but the current request is not specific to the upper extremities, therefore, this request IS NOT medically necessary.

NCV (nerve conduction velocity), QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206.

Decision rationale: This patient has a date of injury of 02/01/2010 and presents with complaints of neck, shoulder, and left upper extremity pain. The patient also reports numbness, tingling, and paresthesia throughout the left arm and hand. He denies lower extremity pain, numbness, or paresthesia. The current request is for NCV (nerve conduction velocity) qty 1. The medical file provided for review does not include a request for authorization form. For NCV of the bilateral upper extremities, the ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines has the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." Progress report dated 01/16/2015 states that the request is for an EMG/NCV of the cervical spine. The Utilization Review denied the request stating that the EMG/NCV is for "an unspecified extremity." MRI of the cervical spine dated 08/22/2014 showed diffuse spondylosis and disk degeneration throughout the cervical spine. There are no prior NCV testing provided in the medical file. In this case, a request for bilateral upper extremity NCV appears to be warranted, but the current request is not specific to the upper extremities, therefore, this request IS NOT medically necessary.

