

Case Number:	CM15-0046774		
Date Assigned:	03/19/2015	Date of Injury:	10/02/2013
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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 33 year old female, who sustained an industrial injury on 10/2/2013. The current diagnoses are cephalgia, cervicgia, cervicobrachial syndrome, bilateral shoulder impingement syndrome, and rule out carpal tunnel syndrome, lumbago, and lumbar radiculitis/neuritis. According to the progress report dated 2/6/2015, the injured worker complains of low back, neck, and nasal pain. The low back pain is rated 8-9/10 on a subjective pain scale. The pain is accompanied with numbness, weakness, tingling, and a burning sensation. The neck pain is rated 9/10. The nasal pain is associated with congestion, blepharitis, and temporal pressure, and is rated 7/10. The current medications are Naproxen. Treatment to date has included medication management, X-rays, CT scan, MRI of the cervical spine, and 3 sessions of physical therapy. The plan of care includes EMG/NCV of the upper/lower extremities, MRI of the cervical spine, bilateral shoulders, thoracic spine, and lumbar spine, functional capacity evaluation, physical therapy, acupuncture, muscle stimulator unit, Tramadol, Biofreeze, Pantoprazole, and compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV to the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178 & 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 260-262.

Decision rationale: The patient presents on 02/06/15 with nasal pain rated 7/10 with associated congestion, continuous neck pain rated 9/10, and intermittent lower back pain rated 8-9/10 accompanied by numbness and burning to an unspecified location. The patient's date of injury is 10/02/13. Patient has no documented surgical history. The request is for EMG/NCV TO THE UPPER EXTREMITIES. The RFA is dated 02/13/15. Physical examination dated 02/06/15 does not include any positive physical findings other than decreased range of motion to the lumbar spine, especially on flexion. The patient is currently prescribed Naproxen. Diagnostic imaging was not included. Patient is classified as temporarily totally disabled through 03/20/15. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 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." MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. 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 regard to the EMG/NCV to the upper extremities, treater has not provided a reason for the request. There is no documentation that this patient has had an EMG/NCV to date. This patient presents with neck pain, but there is no indication that there is pain which radiates to the upper extremities or any other neurological deficits to the upper extremities. There are no physical findings pertinent to the cervical spine complaint included with the most recent progress note. NCV/EMG are generally utilized to differentiate between cervical radiculopathy and carpal tunnel syndrome, this patient does not present with complains suggestive of either condition. There was no rationale provided for the EMG/NCV of the upper extremities in a patient without radicular or peripheral neuropathy complaints or clinical findings. Based on the provided documentation, the request is not in accordance with MTUS/ACOEM guidelines. The EMG/NCV to the upper extremities IS NOT medically necessary.