

Case Number:	CM15-0047834		
Date Assigned:	03/19/2015	Date of Injury:	05/16/1977
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 68-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 16, 1977. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral upper and bilateral lower extremities. An RFA form received on February 25, 2015 was referenced in the determination. The claims administrator acknowledged that the applicant had undergone a multilevel cervical fusion surgery in 1996 and a multilevel thoracic-lumbar fusion surgery in July 2013. A February 19, 2015 progress note was reference in the determination. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant reported ongoing complaints of neck and low back pain status post earlier multilevel lumbar thoracic spine surgeries. The applicant exhibited weakness about the left thumb. Reflexes were symmetric. The applicant was asked to obtain MRI imaging of the cervical spine. Earlier CT scanning of the cervical spine dated October 2014 was reportedly negative for any acute findings. Earlier cervical MRI imaging of December 9, 2013 was notable for evidence of a C4 through C7 fusion with mild-to-moderate degenerative changes and mild-to-moderate central canal stenosis at C3-C5 with associated thecal sac effacement. On February 19, 2015, the applicant was described as doing poorly following earlier failed cervical spine surgery. MRI imaging of the cervical spine demonstrated multilevel degenerative changes, treating provider acknowledged. The attending provider suggested that the applicant undergo electrodiagnostic testing of the upper extremities to isolate the source of his complaints. In a progress note dated October 20, 2014, the applicant was described as having a past medical

history notable for hypertension, chronic low back pain, and chronic neck pain. The applicant was off work and had been deemed disabled, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Left Upper Extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Yes, the request for EMG testing of the left upper extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, EMG testing is "recommend" to clarify a diagnosis of nerve root dysfunction in case of suspected disk herniation preoperatively or before epidural steroid injection therapy. Here, the requesting provider was a spine surgeon. The requesting provider did seemingly suggest that electrodiagnostic testing was intended to clarify the source of the applicant's ongoing upper extremity radicular pain complaints. The attending provider seemingly suggested earlier cervical MRI imaging was equivocal and failed to establish a source for ongoing cervical radicular pain complaints. Moving forward with EMG testing to clarify the source of the applicant's nerve root dysfunction, thus, was indicated. Therefore, the request was medically necessary.

Nerve Conduction Velocity (NCV) of the Left Upper Extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Yes, the request for nerve conduction testing of the left upper extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, page 178, EMG and nerve conduction testing may help identify subtle, focal neurologic dysfunction in applicant's with neck or arm symptoms or both which lasts greater than three to four weeks. Here, the attending provider did suggest that the applicant had ongoing upper extremity radicular versus neuropathic pain complaints. The attending provider stated earlier cervical MRI imaging was equivocal and failed to uncover the source for ongoing symptoms. The requesting provider was a spine surgeon, increasing the likelihood of the applicant's acting on the results of the study in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.

Electromyography (EMG) of the Right Upper Extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Similarly, the request for EMG testing of the right upper extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, EMG testing is recommended to clarify diagnosis of nerve root dysfunction cases of suspected disk herniation preoperatively or before epidural steroid injection therapy. Here, the attending provider has seemingly suggested that the applicant had ongoing complaints of neck pain radiating to the bilateral arms status post earlier failed cervical spine surgery. The attending provider stated that earlier cervical MRI imaging was non-diagnostic/equivocal and failed to uncover a source for ongoing pain complaints. Moving forward with EMG testing to identify the source of the same was, thus, indicated. Therefore, the request was medically necessary.

Nerve Conduction Velocity (NCV) of the Right Upper Extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Finally, the request for nerve conduction testing of the right upper extremity was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, page 178, EMG and NCV testing may identify, subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both which last greater than three to four weeks. Here, the applicant had ongoing upper extremity paresthesia status post earlier failed cervical spine surgery. Cervical MRI imaging was negative to non-diagnostic, the treating provider suggested. Moving forward with EMG testing to identify the source of the applicant's dysfunction was, thus, indicated. Therefore, the request was medically necessary.