

Case Number:	CM15-0086494		
Date Assigned:	05/08/2015	Date of Injury:	02/02/2015
Decision Date:	06/10/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/05/2015

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 54 year old male, who sustained an industrial injury on February 2, 2015. The injured worker reported neck pain with radiation down left arm. The injured worker was diagnosed as having cervical herniated nucleus pulposus (HNP) and stenosis. Treatment and diagnostic studies to date have included medication. A progress note dated March 20, 2015 provides the injured worker complains of neck pain radiating to left shoulder and down left arm to fingers with numbness and weakness. Physical exam notes cervical tenderness with spasm and decreased range of motion (ROM). Magnetic resonance imaging (MRI) revealed degenerative disc disease (DDD) and stenosis. The plan includes electromyogram and nerve conduction study and neurological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV 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): 178, 260-262.

Decision rationale: This patient presents with complaints of neck pain that radiates down the left arm with associated left arm weakness. The current request is for EMG/NCV RIGHT UPPER EXTREMITY. Treatments to date have included MRI of the cervical spine, chiropractic treatments and medications. The patient is currently not working. 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." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, 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." The Request for Authorization is dated 04/23/15 and requests EMG/NCV of the bilateral upper extremities. The Utilization review modified the request and certified the EMG/NCV for the left and denied the right. This is an appeal for EMG/NCV for the right. According to progress report 03/20/15, the patient reported mild pain on the left side of his neck that radiated to the left extremity. He noted numbness in his left small ring finger and long fingertip. There was significant weakness in his left arm noted. Examination revealed 1+ cervical paraspinous muscle spasm and tenderness to palpation along these muscles. Sensory was intact, motor strength normal with some mild weakness of grip. MRI of the c-spine demonstrated "degenerative disc disease and disc bulge at C5-6 and C6-7 with foraminal stenosis worse on the right at C5-6 and C6-7. There is moderate central stenosis at C5-6 and C6-7." The treating physician recommended EMG of the upper extremities. There is no indication of prior EMG/NCV testings. The patient complained predominately of left upper extremity pain but MRI findings revealed bilateral disc bulge with foraminal stenosis, right worse than left at the C5-6 and C6-7 level. Given the patient's continued complaints of pain and radicular components, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. Therefore, the requested EMG/NCV of the right upper extremity IS medically necessary.