

Case Number:	CM14-0114961		
Date Assigned:	08/06/2014	Date of Injury:	11/03/2009
Decision Date:	10/14/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Emergency Medicine and Fellowship trained in Emergency Medical Services and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old male who reported an injury on 11/03/2009. The mechanism of injury was assisting another driver with an overweight package when the other driver dropped his end. The diagnoses included spinal stenosis of the cervical spine with radiculopathy. The previous treatments included medication. The diagnostic testing included a nerve conduction study, EMG/NCV, and an MRI. In the clinical note dated 06/12/2014, it was reported the injured worker complained of left extremity pain radiating down the C7 and C6 distributions. Upon the physical examination, the provider noted the range of motion of the neck revealed a 50% loss of forward flexion with pain, and 100% loss with extension. The provider noted the injured worker had tenderness at C2 through C7 on the left. The injured worker had mild muscle spasms noted on the left cervical spine. There were no muscle spasms over the right cervical spine. The provider indicated that the injured worker had decreased sensation to light touch in C5, C6, and C7 distributions on the left. A Spurling sign was noted to be positive on the left. Previous EMG/NCV noted that the injured worker had radiculopathy of the left at C6 and C7. The provider requested a bilateral upper extremity EMG and a bilateral upper extremity nerve conduction study. The last study is over 2 years old, and to rule out carpal tunnel syndrome prior to surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG(Electromyography) for the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web) 2013, Neck and Upper back section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for EMG electromyography for bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines recommend electromyography in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. Although the clinical documentation may warrant the request for the injured worker's left side, there is lack of significant documentation indicating neurologic deficit such as decreased sensation or motor strength of the injured worker's right extremity. There is lack of documentation of failure of conservative care. The medical documentation lacks evidence of muscle weakness and numbness symptoms that would indicate peripheral nerve impingement of the right side. Therefore, the request is not medically necessary.

NCV(Nerve Conduction Velocity Test) for the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web) 2013, Neck and Upper back section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel, Electrodiagnostic studies (EDS).

Decision rationale: The request for a nerve conduction study for the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines note the routine use of a nerve conduction velocity or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms is not recommended. The guidelines also indicate nerve conduction velocities may be indicated to confirm carpal tunnel syndrome prior to surgery. In addition, the Official Disability Guidelines recommend electrodiagnostic studies in patients with clinical signs of carpal tunnel who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities, but the addition of electromyography is not generally necessary. The clinical documentation submitted may warrant the medical necessity for the request for the injured worker's left extremity; however, there is lack of significant neurological deficits in the clinical documentation indicating the injured worker to have decreased sensation and motor strength in the right extremity. Additionally, there is lack of clinical documentation indicating the injured worker had tried and failed on conservative therapy. Therefore, the request is not medically necessary.