

Case Number:	CM14-0118160		
Date Assigned:	08/06/2014	Date of Injury:	05/20/2012
Decision Date:	10/14/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/25/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 31 year old female with a 5/20/12 injury date. The patient was bending to reach a 30 pound tuna container and noticed back pain followed by pain in the neck, shoulders, and arms. In a follow-up on 6/4/14, subjective findings included neck pain radiating to the arms with associated numbness and tingling. There was cramping and weakness of both hands with frequent dropping of objects. Objective findings included cervical muscle spasm, and 5/5 strength in all muscle groups, A cervical spine MRI on 11/15/12 showed a 2 mm C3-4 disc bulge with no significant neural foraminal or canal stenosis. Diagnostic impression: cervical strain, r/o cervical radiculopathy. Treatment to date includes medications and 4 sessions of physical therapy with no relief. A UR decision on 7/15/14 denied the requests for bilateral upper extremity EMG/NCV studies on the basis that there are no objective findings on physical exam or imaging studies that suggest radiculopathy or peripheral neuropathy.

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 extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, Table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter

Decision rationale: The California MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In the present case, the subjective and objective findings do not clearly support a diagnosis of cervical radiculopathy. There is no muscle weakness or reflexopathy on exam, and the cervical MRI does not show any evidence of nerve root impingement. In addition, the extent, duration, and effectiveness of prior conservative treatment are not clearly documented. Therefore, the request for Electromyography (EMG) of the left upper extremity is not medically necessary.

Nerve Conduction Studies (NCV) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, Table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter

Decision rationale: The California MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In the present case, the subjective and objective findings do not clearly support a diagnosis of cervical radiculopathy. There is no muscle weakness or reflexopathy on exam, and the cervical MRI does not show any evidence of nerve root impingement. In addition, the extent, duration, and effectiveness of prior conservative treatment are not clearly documented. Therefore, the request for nerve conduction studies of the left upper extremity is not medically necessary.

Nerve conduction studies (NCV) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, Table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter

Decision rationale: The California MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In the present case, the subjective and objective findings do not clearly support a diagnosis of cervical radiculopathy. There is no muscle

weakness or reflexopathy on exam, and the cervical MRI does not show any evidence of nerve root impingement. In addition, the extent, duration, and effectiveness of prior conservative treatment are not clearly documented. Therefore, the request for nerve conduction studies of the right upper extremity is not medically necessary.

Electromyography (EMG) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, Table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter

Decision rationale: The California MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In the present case, the subjective and objective findings do not clearly support a diagnosis of cervical radiculopathy. There is no muscle weakness or reflexopathy on exam, and the cervical MRI does not show any evidence of nerve root impingement. In addition, the extent, duration, and effectiveness of prior conservative treatment are not clearly documented. Therefore, the request for Electromyography (EMG) of the right upper extremity is not medically necessary.