

Case Number:	CM14-0124274		
Date Assigned:	08/08/2014	Date of Injury:	03/23/2010
Decision Date:	10/20/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 55-year-old female who has submitted a claim for myofascial pain syndrome bilateral shoulders, cervical sprain and strain with radiculopathy, right worse than left, bilateral wrist sprain and strain, carpal tunnel syndrome, bilateral medial epicondylitis and sleep disturbance associated with an industrial injury date of March 23, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of 8/10 pain in the cervical spine with bilateral extremity pain, numbness and weakness, right worse than the left. The patient also had 8/10 pain in the bilateral shoulders over the trapezius muscles without popping and clicking. The patient also complained of pain in the bilateral elbows as well as pain in the bilateral wrists and hands with pain level at 8/10, associated with numbness and weakness. There was no upper extremity examination in the provided records. Treatment to date has included medications and work modifications. Utilization review from July 25, 2014 denied the request for EMG and NCV of both upper extremities because there was no clear detail provided whether any previous upper extremity electrodiagnostic testing had been done for the patient since the injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Upper Extremities: 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- Neck and Upper Back

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

Decision rationale: According to page 238 of the ACOEM Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the records provided are insufficient to suspect presence of a cervical radiculopathy. There are no objective findings from the upper extremity to support a suspicion of a focal neurologic dysfunction that warrants an EMG. Moreover, there is no evidence that adequate conservative treatment has been tried. Therefore, the request for EMG of the right upper extremities is not medically necessary.

NCV Right Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies X Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: The ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, the ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled "Nerve Conduction Studies in Polyneuropathy" cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the records provided are insufficient to suspect presence of a severe nerve entrapment. There are no objective findings from the upper extremity to support a suspicion of peripheral neuropathy that warrants a NCV. Therefore, the request for NCV of the right upper extremities is not medically necessary.

EMG Left Upper Extremities: 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- Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electromyography

Decision rationale: According to page 238 of the ACOEM Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the records provided are insufficient to suspect presence of a cervical radiculopathy. There are no objective findings from the upper extremity to support a suspicion of a focal neurologic dysfunction that warrants an EMG. Moreover, there is no evidence that adequate conservative treatment has been tried. Therefore, the request for EMG of the left upper extremities is not medically necessary.

NCV Left Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies X Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: According to page 238 of the ACOEM Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the records provided are insufficient to suspect presence of a cervical radiculopathy. There are no objective findings from the upper extremity to support a suspicion of a focal neurologic dysfunction that warrants an EMG. Moreover, there is no evidence that adequate conservative treatment has been tried. Therefore, the request for EMG of the left upper extremities is not medically necessary.