

Case Number:	CM14-0132739		
Date Assigned:	08/20/2014	Date of Injury:	07/22/2011
Decision Date:	09/24/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/15/2014

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 46-year-old male who has submitted a claim for cervical degenerative disc disease, discogenic neck pain, cervical radiculopathy, and lumbar degenerative disc disorder with lumbar radiculopathy associated with an industrial injury date of 07/22/2011. Medical records from 02/11/2014 to 08/20/2014 were reviewed and showed that patient complained of neck pain (pain scale grade not available) radiating down bilateral arms with numbness and tingling in the index and middle fingers and low back (pain scale grade not available) radiating down the left leg. Physical examination of the cervical spine revealed tenderness over right parascapular region, manual muscle testing (MMT) of 5/5 throughout upper extremities, decreased sensation over right small finger, trace deep vein thrombosis (DTRs) throughout upper extremities, and negative Hoffman's and Spurling's tests bilaterally. Physical examination of the lumbar spine revealed tenderness over lumbar spinous processes and paraspinal muscles, intact sensation to light touch and MMT, trace DTRs at patellar and Achilles tendons, and positive SLR test on the left at 70 degrees. Magnetic resonance imaging (MRI) of the cervical spine dated 08/04/2014 revealed severe bilateral foraminal narrowing and severe central stenosis at C4-5 level, foraminal stenosis at C5-6, and severe left-sided foraminal narrowing C6-7 level. MRI of the lumbar spine dated 08/04/2014 revealed degenerative disc disease and L5-S1 severe left-sided foraminal narrowing. Treatment to date has included microdiscectomy (unspecified and performed on 04/16/2014), lumbar L5-S1 epidural steroid injection under fluoroscopic guidance (09/24/2012), physical therapy, and pain medications. Utilization review dated 07/23/2014 denied the request for Electromyography (EMG)/ Nerve conduction studies (NCS) of bilateral upper and lower extremities because radiculopathy was already clinically obvious and the patient was presumed to have symptoms of neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to page 303 of American College of Occupational and Environmental Medicine (ACOEM) Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the patient complained of low back pain radiating down the left leg. Physical exam findings include intact sensation and manual muscle testing (MMT), trace DTRs at patellar and Achilles tendons and positive slight leg rise (SLR) test on the left at 70 degrees. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support EMG study. Therefore, the request for EMG of Bilateral Lower Extremities is not medically necessary.

NCS of Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Nerve conduction studies (NCS) Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address Nerve conduction studies (NCS) specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of 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 patient complained of low back pain radiating down the left leg. Physical exam findings include intact sensation and manual muscle testing; trace deep vein thrombosis (DTRs) at patellar and Achilles tendons and positive straight leg rise test on the left at 70 degrees. NCS is a reasonable option for the patient who

presented with symptoms of left lower extremity neuropathy. However, the patient's clinical manifestations were inconsistent with symptoms of right lower extremity neuropathy. Therefore, the request for NCS of bilateral lower extremities is not medically necessary.

EMG of Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Electromyography (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 patient complained of neck pain radiating down bilateral arms with tingling and numbness in the index and middle fingers. Physical exam findings include normal manual muscle testing (MMT), hypesthesia over right small finger, trace deep vein thrombosis (DTRs) throughout upper extremities, and negative Hoffman's and Spurling's tests bilaterally. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support EMG study. Therefore, the request for EMG of Bilateral Upper Extremities is not medically necessary.

NCS of Bilateral Upper Extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: American College of Occupational and Environmental Medicine (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, Official Disability Guidelines (ODG) states that Nerve conduction studies (NCS) is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by Electromyography (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 patient complained of neck pain radiating down bilateral arms with tingling and numbness in the index and middle fingers. Physical exam findings include normal manual muscle testing (MMT), hypesthesia over right small finger, trace deep vein thrombosis (DTRs) throughout upper extremities, and negative Hoffman's and Spurling's tests bilaterally. NCS is a reasonable option for the patient who presented with symptoms of neuropathy. Therefore, the request for NCS of bilateral upper extremities is medically necessary.