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| Case Number: | CM14-0139975 | | |
| Date Assigned: | 09/08/2014 | Date of Injury: | 02/27/2013 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/28/2014 |

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 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:

According to the records made available for review, this is a 56-year-old female with a 2/27/13 date of injury. At the time (6/30/14) of request for authorization for EMG right upper extremity, NCV right upper extremity, NCV left upper extremity, and EMG left upper extremity, there is documentation of subjective (constant neck pain shooting down the upper extremities associated with tingling, numbness, and paresthesia) and objective (tenderness over the cervical paravertebral area, diminished sensation to light touch along the medial and lateral border of the right arm, positive right-sided Spurling's maneuver, and 4+/5 strength of right upper extremity) findings, current diagnoses (probable cervical disc herniation and chronic myofascial syndrome), and treatment to date (medications and epidural steroid injection). Regarding NCV and EMG of the left upper extremity, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment (in the LEFT upper extremity).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of probable cervical disc herniation and chronic myofascial syndrome. In addition, given documentation of subjective (constant neck pain shooting down the upper extremities associated with tingling, numbness, and paresthesia) findings, objective (diminished sensation to light touch along the medial and lateral border of the right arm, positive right-sided Spurling's maneuver, and 4+/5 strength of right upper extremity) findings, and conservative treatment (medications and epidural steroid injection), there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for EMG right upper extremity is medically necessary.

NCV right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of probable cervical disc herniation and chronic myofascial syndrome. In addition, given documentation of subjective (constant neck pain shooting down the upper extremities associated with tingling, numbness, and paresthesia) findings, objective (diminished sensation to light touch along the medial and lateral border of the right arm, positive right-sided Spurling's maneuver, and 4+/5 strength of right upper extremity) findings, and conservative treatment (medications and epidural steroid injection), there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for NCV right upper extremity is medically necessary.

NCV left 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 ODG Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of probable cervical disc herniation and chronic myofascial syndrome. In addition, given documentation of subjective (constant neck pain shooting down the upper extremities associated with tingling, numbness, and paresthesia) findings and conservative treatment (medications and epidural steroid injection), there is documentation of subjective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, given documentation of objective (diminished sensation to light touch along the medial and lateral border of the RIGHT arm, positive RIGHT-sided Spurling's maneuver, and 4+/5 strength of RIGHT upper extremity) findings, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment (in the LEFT upper extremity). Therefore, based on guidelines and a review of the evidence, the request for NCV left upper extremity is not medically necessary.

EMG 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 ODG Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of probable cervical disc herniation and chronic myofascial syndrome. In addition, given documentation of subjective (constant neck pain shooting down the upper extremities associated with tingling, numbness, and paresthesia) findings and conservative treatment (medications and epidural steroid injection), there is documentation of subjective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, given documentation of objective (diminished sensation to light touch along the medial and lateral border of the RIGHT arm, positive RIGHT-sided Spurling's maneuver, and 4+/5 strength of RIGHT upper extremity) findings, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment (in the LEFT upper extremity). Therefore, based on guidelines and a review of the evidence, the request for EMG left upper extremity is not medically necessary.