

Case Number:	CM14-0150268		
Date Assigned:	09/18/2014	Date of Injury:	01/20/2012
Decision Date:	10/20/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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 47-year-old who has submitted a claim for cervical myelopathy, reflex sympathetic dystrophy, cervical spine sprain, and cervical degenerative disc disease associated with an industrial injury date of January 20, 2012. Medical records from January 20, 2012 to September 24, 2014 were reviewed and showed that patient complained of neck and left arm pain graded 10/10. Physical examination revealed decreased ROM, weakness with bilateral handgrip, and intact sensation of upper extremities. MRI of the cervical spine dated January 28, 2014 did not reveal specific neural compromise. Treatment to date has included physical therapy, acupuncture, and pain medications. Of note, there was no documentation of functional outcome with aforementioned treatments. Utilization review dated August 18, 2014 denied the request for BUE EMG/NCV and neuro consult because the individual's complaints were out of proportion to physical findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the bilateral upper extremities (BUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: According to the Elbow Disorders Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, an 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, patient complained of neck pain. Physical findings included weakness with bilateral handgrip and intact sensation of upper extremities. The patient's clinical manifestations were inconsistent with focal neurologic deficit to support EMG study. Therefore, the request for EMG of the BUE is not medically necessary or appropriate.

Nerve conduction velocity (NCV) test of the BUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 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: CA MTUS 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, 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, patient complained of neck pain. Physical findings included weakness with bilateral handgrip and intact sensation of upper extremities. The patient's clinical manifestations were inconsistent with symptoms of neuropathy to support NCV study. Therefore, the request for an NCV of the BUE is not medically necessary or appropriate.

Neuro consult: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter 7, pages 127 and 156.

Decision rationale: According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient complained of neck and left arm pain. Physical exam findings revealed bilateral handgrip weakness. Recent MRI of the cervical spine dated January 28, 2014 did not show specific neural compromise. It was unclear as to whether the handgrip weakness was caused by cervical disc disease or reflex sympathetic dystrophy. Hence, referral to neurologist was done. The guidelines state that uncertainty of diagnosis support the need for specialist referral. Therefore, the request for a neuro consult is medically necessary and appropriate.