

Case Number:	CM14-0152958		
Date Assigned:	09/23/2014	Date of Injury:	02/20/2013
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 35-year-old male with a 2/20/13 date of injury. The mechanism of injury occurred when he was driving a truck and hit a wall and immediately started having pain in the neck and lower back area. According to a progress report dated 8/28/14, the patient complained of pain to his neck and low back that radiated to the right upper extremities. An MRI of the cervical spine done on 5/22/14 showed disc bulges, 2 to 3 mm at C4-C5, 2mm at C5-C6, and C6-C7, and neural foraminal narrowing, which is mild on the left and moderate on the right at C3-C4. Objective findings: decreased sensation and strength, tenderness, decreased range of motion. Diagnostic impression: cervical spine sprain/strain, clinical right upper extremity radiculopathy, lumbar spine sprain/strain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 9/9/14 denied the request for EMG/NCV of the bilateral upper extremities. While it is acknowledged that the patient has decreased sensation and strength on examination, the medical records do not indicate whether these findings were of the upper extremity or lower extremity. Furthermore, a specific dermatomal or myotomal involvement was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Electrodiagnostic Testing (EMG/NCS) and Work Loss Data Institute Public for Profit Organization 2003 (Revised 2004) 157 pages NGC: 004117, Neck and Upper Back

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

Decision rationale: The CA 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. However, in the present case, the patient has subjective complaints of radiating right upper extremity pain and a diagnosis of cervical radiculopathy that corroborates with MRI findings. The presence of radiculopathy appears well-established at this point. It is unclear from the discussions in the documentation how an EMG would clarify the picture and prove valuable in treatment decision making. In addition, there is no documentation that the patient has failed conservative therapy. Therefore, the request for EMG of the bilateral upper extremities was not medically necessary.

NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic Testing (EMG/NCS) and Work Loss Data Institute Public for Profit Organization 2003 (Revised 2004) 157 pages NGC: 004117, Neck and Upper Back

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

Decision rationale: The CA 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. However, in the present case, the patient has subjective complaints of radiating right upper extremity pain and a diagnosis of cervical radiculopathy that corroborates with MRI findings. The presence of radiculopathy appears well-established at this point. It is unclear from the discussions in the documentation how an NCV would clarify the picture and prove valuable in treatment decision making. In addition, there is no documentation that the patient has failed conservative therapy. Therefore, the request for NCV of the bilateral upper extremities was not medically necessary.