

Case Number:	CM14-0157569		
Date Assigned:	09/30/2014	Date of Injury:	11/21/2009
Decision Date:	10/28/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine and is licensed to practice in Hawaii and 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 patient is a 31-year-old employee with date of injury of November 21, 2009. A review of the medical records indicate that the patient is undergoing treatment for complex regional pain syndrome right upper extremity; herniated cervical disc with radiculopathy. Subjective complaints include neck pain radiating into right shoulder, right arm, right elbow, right hand with pain rated at 6-9/10. Objective findings include physical exam from August 9, 2013 included strength testing for upper extremities and revealed normal strength for left deltoid muscle and left biceps muscle (5- Active movement); right biceps and deltoid muscles graded at 4- Active movement. Spurling's Test positive and elicits or aggravates patient's radicular pain symptoms on the right side. Lower arm sensation to light touch and pin prick is decreased at nerve root C7, C8 located right side only in a nerve root distribution. Treatment has included medications including Suboxone, ambien, Lidoderm, Prozac, Cymbalta, tizanidine, gabapentin, buprenorphine, atarax, vistaril, Seroquel, Celebrex, neurontin, robaxin. Failed conservative treatment including physical therapy and anti-inflammatory and narcotic pain medications. Additional treatments include TENS unit, acupuncture, ice, and massage. The utilization review dated August 26, 2014 non-certified the request for Electromyography (EMG) bilateral upper extremities and Nerve conduction velocity (NCV) bilateral upper extremities due to no documented significant clinical status change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines states that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". ODG further clarifies, "EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician notes that the patient has had a previous MRI for bulging discs. While the patient appears to have not succeeded with a one month conservative therapy, records do clearly show clinically obvious radiculopathy, which ODG states as reason to not obtain an EMG. The treating physician does not cite specifically why an exception to the guidelines would be necessary. As such the request for an EMG of the bilateral upper extremities is not medically necessary or appropriate.

Nerve conduction velocity (NCV) bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Electrodiagnostic testing (EMG/NCS)

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines states that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician notes that the patient has had a previous MRI for bulging discs. While the patient

appears to have not succeeded with a one month conservative therapy, records do clearly show clinically obvious radiculopathy, which ODG states as reason to not obtain an EMG. The treating physician does not cite specifically why an exception to the guidelines would be necessary. The medical documents did not meet the criteria for EMG study of the upper extremities and ODG does not recommend NCS. As such, the request for an NCV of the bilateral upper extremities is not medically necessary or appropriate.