

Case Number:	CM14-0161875		
Date Assigned:	10/07/2014	Date of Injury:	01/08/2012
Decision Date:	11/07/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 53-year-old female who reported an injury on 01/08/2012. The mechanism of injury occurred while the injured worker was driving her shuttle and began experiencing numbness in both arms from the elbow to the fingertips. Her diagnoses included displacement of the cervical intervertebral disc without myelopathy and carpal tunnel syndrome. The injured worker's past treatments included cervical epidural steroid injections, cervical segmentation traction, and medications. The injured worker's diagnostic exams included an electromyography performed in 11/2013. The electro diagnostic study revealed evidence of bilateral ulnar nerve entrapment across the elbows. There was insufficient evidence to confirm cervical radiculopathy by diagnostic testing. The injured worker's surgical history included a bilateral carpal tunnel release performed in 2012. On 08/22/2014, the injured worker complained of 50% initial reduction in pain with the use of a cervical epidural steroid injection performed on 02/04/2014. She indicated that she had improved overall function and a reduced reliance on pain medications. The injured worker indicated that the pain was associated with tingling in the arms and hands, and numbness in the fingers with weakness in the arms. She rated her pain as 6/10 on the pain scale. The physical exam revealed decreased range of motion to the cervical spine, tenderness to palpation over the bilateral cervical paraspinal muscles, and a positive Spurling's maneuver bilaterally. The injured worker's medications included Gabapentin 600 mg and Hydrocodone 5/300 mg #30. The treatment plan consisted of an epidural steroid injection to the cervical spine and a hand surgery consult. A request was received for an electromyography/nerve conduction velocity study. The rationale for the request was not clearly indicated. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/nerve conduction velocity study (EMG/NCS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The request for an Electromyography/nerve conduction velocity study (EMG/NCS) is not medically necessary. The ACOEM guidelines recommend diagnostic studies such as, electro diagnostic exams when there are red flags present to indicate serious conditions. Appropriate electro diagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies or in more difficult cases, electromyography may be helpful. If the electro diagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. Based on the clinical notes, the injured worker had reported 50% initial reduction in pain and overall improvement with her cervical epidural steroid injection performed on 02/2014. She had a bilateral carpal tunnel release performed in 2012 with zero complications noted. The clinical notes also indicated that he had a previous electro diagnostic exam performed on 11/2013, which revealed severe carpal tunnel syndrome affecting sensory and motor compartments. However, the study revealed insufficient evidence to confirm cervical radiculopathy. The request for another electro diagnostic test within less than one year of the initial exam is not supported. The clinical notes failed to indicate any significant changes in function or sensory since the last electro diagnostic exam. She complained of tingling and numbness to her hand since 10/2013. Therefore, due to lack of documentation indicating red flags for a serious condition, the request is not supported. Thus, the request for Electromyography/nerve conduction velocity study (EMG/NCS) is not medically necessary.