

Case Number:	CM14-0173870		
Date Assigned:	10/27/2014	Date of Injury:	09/18/2013
Decision Date:	12/12/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier multilevel cervical fusion surgery on April 8, 2014; extensive physical therapy; unspecified amounts of acupuncture; and several months off of work. In a Utilization Review Report dated October 13, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator stated that its denial was based on a September 25, 2014 progress note. The claims administrator documented a variety of symptoms, including dysesthesias about the upper extremities, but then stated, somewhat, incongruously, that the attending provider had failed to furnish sufficient information to approve the request. In a September 25, 2014 progress note, the applicant reported ongoing complaints of neck pain shooting to the arm. The attending provider stated that the applicant's medications were of great benefit. The applicant exhibited decreased sensorium about the C5-C6 distribution about the bilateral upper extremities. X-rays are reportedly equivocal for a satisfactory fusion. CT scanning of the cervical spine was ordered to rule out pseudarthrosis. Electrodiagnostic testing of the bilateral upper extremities was also sought to rule out radiculopathy. Tramadol, Ativan, and Protonix were endorsed, while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (Official Disability Guidelines): Neck and Upper Back Complaints

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, EMG testing is "not recommended" for applicants with a diagnosis of nerve root involvement if findings of history, physical exam, and/or imaging study are consistent. Here, the attending provider concurrently sought authorization for a CT scan of the cervical spine and electrodiagnostic testing of the bilateral upper extremities. The concurrently ordered CT scan, thus, if sufficient positive, could obviate the need for the proposed EMG. Therefore, the request is not medically necessary.

NCV 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 (Official Disability Guidelines): Neck and Upper Back Complaints

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 178.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, page 178 does acknowledge that EMG and NCV testing cannot identify, subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both lasting greater than three to four weeks, in this case, however, there is no evidence that focal neurologic dysfunction is in fact suspected here. The attending provider indicated in his progress note that he was explicitly searching for pseudoarthrosis of the cervical spine and/or cervical radiculopathy. There was no mention of any upper extremity peripheral neuropathy, diabetic neuropathy, mononeuropathy such as carpal tunnel syndrome, cubital tunnel syndrome, etc., being suspected here. Therefore, the proposed NCV is not medically necessary.

NCV 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 (Official Disability Guidelines): Neck and Upper Back Complaints

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 15 Stress Related Conditions Page(s): 178.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, page 178 notes that EMG or NCV testing can be employed to help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both, which last greater than three to four weeks, in this case, however, subtle, focal neurologic dysfunction is not, in fact, the issue suspected here. The attending provider indicated in his progress note that he was searching for a cervical radiculopathy and/or pseudoarthrosis of the cervical spine following earlier failed fusion surgery. NCV testing would be of no benefit in establishing either suspected diagnosis of cervical radiculopathy or pseudoarthrosis status post earlier cervical fusion surgery. Therefore, the request is not medically necessary.

EMG 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 (Official Disability Guidelines): Neck and Upper Back Complaints

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, EMG testing of the cervical spine is "not recommended" for a diagnosis of suspected nerve root involvement if findings of history, physical exam, and/or imaging study are consistent. Here, the attending provider concurrently sought authorization for CT imaging of the cervical spine which, if sufficiently positive, would effectively obviate the need for the proposed EMG testing. Therefore, the request is not medically necessary.