

Case Number:	CM14-0180748		
Date Assigned:	11/05/2014	Date of Injury:	03/06/2012
Decision Date:	12/09/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family 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 patient is a 55 year-old woman who was injured at work on 3/6/2012. The injury was primarily to her neck and bilateral upper extremities. She is requesting review of denial for an EMG/NCV of the Bilateral Upper Extremities. Medical records corroborate ongoing care for her injuries. Her chronic diagnoses include the following: Spondylosis/Cervical; Muscle Spasm; Headache; Pain in the Soft Tissues of the Limbs; Contusion of Part of the Upper Limb; Sprain/Strain of the Elbow/Forearm; Unspecified Neuralgia/Neuritis/Radiculitis; Lateral Epicondylitis of the Elbow; Tenosynovitis/Wrist; Fibrositis/Myositis; Tenosynovitis/Elbow; and Neuropathic Pain. Recent treatment has included: Lyrica, Hydrocodone/APAP and Medical Marijuana. On her evaluation by her Rheumatologist on 10/1/2014 the entry states: "It has been two years since her last EMG. I feel it would be beneficial to repeat an EMG and nerve conduction velocity at this time to assess whether a surgical approach to the carpal tunnel and cubital tunnel conditions would be appropriate. I would only allow this lady to undergo surgery if her psychologist felt that it would not traumatize her further and lead to an even worse outcome than she is experiencing now."

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of 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), Current Edition (web), current year, Carpal Tunnel Syndrome (Acute & Chronic), Nerve Conduction Studies (NCS); and Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of EMGs/NCVs in patients with neck and upper back complaints. These guidelines state the following: When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the basis for the patient's symptoms is clear and has been established by diagnostic tests to include prior electrodiagnostic studies. Specifically, that the patient has had evidence of "mild carpal tunnel syndrome bilaterally" and a "chronic left C5 radiculopathy" and a "possible C7 or C8 radiculopathy" from studies performed in April and November, 2012. There is no evidence in the medical records that the symptoms have changed substantively since the 2012 studies were performed. The MTUS/ACOEM guidelines do not support these additional electrodiagnostic studies given that the findings on history and physical examination are consistent with the prior studies (Table 8.8). Further, there are no red flag symptoms or physical examination findings reported. In summary, there is no evidence to support the medical necessity of EMG/NCV studies to the bilateral upper extremities in this patient.