

Case Number:	CM14-0093083		
Date Assigned:	07/25/2014	Date of Injury:	10/12/2011
Decision Date:	10/08/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 58-year-old male who reported an injury on 10/12/2011 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his cervical spine. The injured worker's treatment history included medications. The injured worker was evaluated on 05/22/2014. It was documented that the injured worker had significant numbness and tingling of the left upper extremity. Physical findings included limited cervical spine range of motion with 5/5 muscle strength with a positive left sided Tinel's sign and reflexes rated at a 1/4 and symmetrical. The injured worker's diagnoses included neck pain with cervical spondylosis, left upper extremity paresthesia, and left scapular area upper trapezius strain. The injured worker's treatment plan included continuation of a home exercise program, authorization of a repeat MRI, an electromyography of the upper extremities to rule out cervical radiculopathy, and continued use of medications. A Request for Authorization was submitted for electrodiagnostic studies of the bilateral upper extremities and a repeat cervical MRI on 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The requested Electromyography Upper Extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies of the upper extremities for a more precise delineation between radiculopathy and the possibility of peripheral nerve impingement. The clinical documentation submitted for review does indicate that the injured worker has a positive Tinel's sign. However, the clinical documentation submitted for review does not provide any evidence of significant radiculopathy that would benefit from an electrodiagnostic study. The injured worker's upper extremity reflexes are equal and bilateral. The injured worker does not have any sensory deficits or motor strength deficits. Although the injured worker complains of pain radiating into the left upper extremity, there are no objective findings to support radiculopathy. Furthermore, due to the age of the injury, it would be expected that the injured worker had previously undergone other diagnostic studies. Without the results of previous studies, the need for further diagnostic studies is not supported. As such, the requested Electromyography Upper Extremity is not medically necessary or appropriate.

Electromyography Left Upper Extremity: Upheld

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

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

Decision rationale: The requested Electromyography Left Upper Extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies of the upper extremities for a more precise delineation between radiculopathy and the possibility of peripheral nerve impingement. The clinical documentation submitted for review does indicate that the injured worker has a positive Tinel's sign. However, the clinical documentation submitted for review does not provide any evidence of significant radiculopathy that would benefit from an electrodiagnostic study. The injured worker's upper extremity reflexes are equal and bilateral. The injured worker does not have any sensory deficits or motor strength deficits. Although the injured worker complains of pain radiating into the left upper extremity, there are no objective findings to support radiculopathy. Furthermore, due to the age of the injury, it would be expected that the injured worker had previously undergone other diagnostic studies. Without the results of previous studies, the need for further diagnostic studies is not supported. As such, the requested Electromyography Left Upper Extremity is not medically necessary or appropriate.

Nerve Conduction Study Right Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 117-179.

Decision rationale: The requested Nerve Conduction Study Right Upper Extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies of the upper extremities for a more precise delineation between radiculopathy and the possibility of peripheral nerve impingement. The clinical documentation submitted for review does indicate that the injured worker has a positive Tinel's sign. However, the clinical documentation submitted for review does not provide any evidence of significant radiculopathy that would benefit from an electrodiagnostic study. The injured worker's upper extremity reflexes are equal and bilateral. The injured worker does not have any sensory deficits or motor strength deficits. Although the injured worker complains of pain radiating into the left upper extremity, there are no objective findings to support radiculopathy. Furthermore, due to the age of the injury, it would be expected that the injured worker had previously undergone other diagnostic studies. Without the results of previous studies, the need for further diagnostic studies is not supported. As such, the requested Nerve Conduction Study Right Upper Extremity is not medically necessary or appropriate.

Nerve Conduction Study Left Upper extremity: Upheld

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

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

Decision rationale: The requested Nerve Conduction Study Left Upper Extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies of the upper extremities for a more precise delineation between radiculopathy and the possibility of peripheral nerve impingement. The clinical documentation submitted for review does indicate that the injured worker has a positive Tinel's sign. However, the clinical documentation submitted for review does not provide any evidence of significant radiculopathy that would benefit from an electrodiagnostic study. The injured worker's upper extremity reflexes are equal and bilateral. The injured worker does not have any sensory deficits or motor strength deficits. Although the injured worker complains of pain radiating into the left upper extremity, there are no objective findings to support radiculopathy. Furthermore, due to the age of the injury, it would be expected that the injured worker had previously undergone other diagnostic studies. Without the results of previous studies, the need for further diagnostic studies is not supported. As such, the requested Nerve Conduction Study Left Upper Extremity is not medically necessary or appropriate.