

Case Number:	CM14-0212411		
Date Assigned:	01/02/2015	Date of Injury:	06/09/2011
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male with an injury date of 06/09/11. Based on the 07/17/14 progress report, the patient complains of neck pain and left arm tingling. There is tenderness with palpation of the paracervical region and restricted range of motion with flexion/extension. In regards to the left shoulder, he has swelling and fullness over the axilla region. The 10/06/14 report indicates that the patient has cervical spine pain which radiates to his neck, right shoulder, and left shoulder. He rates his pain as a 4/10. The 10/31/14 report states that the patient describes his cervical spine pain as a shooting pain. The 06/09/11 x-ray of the cervical spine showed minimal anterior spurring along the C4, C5, C6, and C7 bodies, and left C3-4 neural foramen narrowing. The 06/14/11 MRI of the cervical spine revealed mild C4-5 spondylosis. On 08/29/11, the patient had an EMG/NCV which revealed mild left ulnar motor neuropathy at the elbow and occipital neuralgia. The patient's diagnoses include the following: 1.Cervicobrachial syndrome a. Chronic pain syndrome b. Cervicalgia c. Cervical syndrome OT d. Cervical spondylosis e. Cervical disc displacement 2.Cervicocranial syndrome. The utilization review determination being challenged is dated 12/10/14. Treatment reports are provided from 03/13/14-10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography/Nerve Conduction Velocity of the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back (acute and chronic) chapter, EMG Low back chapter, Electrodiagnostic Studies

Decision rationale: The patient presents with cervical spine pain which radiates to his neck, right shoulder, and left shoulder. The request is for 1 Electromyography/Nerve Conduction Velocity of the bilateral upper extremities. On 08/29/11, the patient had an EMG/NCV which revealed mild left ulnar motor neuropathy at the elbow and occipital neuralgia. ACOEM Guidelines page 262 states: "appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later and the course of treatment if symptoms persist. ODG Guidelines on the neck and upper back (acute and chronic) chapter under the section called EMG states that EMG is recommended as an option in select cases. ODG further states, regarding EDS in carpal tunnel syndrome, recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary." On 08/29/11, the patient had an EMG/NCV which revealed mild left ulnar motor neuropathy at the elbow and occipital neuralgia. The patient has tenderness with palpation of the paracervical region, a restricted range of motion with flexion/extension, and a shooting cervical spine pain. The 06/09/11 x-ray of the cervical spine showed minimal anterior spurring along the C4, C5, C6, and C7 bodies, and left C3-4 neural foramen narrowing; the 06/14/11 MRI of the cervical spine revealed mild C4-5 spondylosis. It appears that the patient does not present with examination changes. There is no progressive neurologic deficit to warrant a repeat electrodiagnostics. The patient already had a set of studies. The requested EMG/NCV of the bilateral lower extremities is not medically necessary.