

Case Number:	CM14-0212750		
Date Assigned:	01/26/2015	Date of Injury:	08/29/2013
Decision Date:	02/24/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old male patient who sustained a work related injury on 8/29/13. Patient sustained the injury due to cumulative trauma. The current diagnoses include cervical spondylosis, CTS and Status post cervical microdiscectomy and interbody arthrodesis at C6-7 with internal fixation and left iliac bone graft. Per the doctor's note dated 10/06/14, patient has complaints of pain in neck at 5/10 with radiation of pain in left shoulder and numbness in left hand with weakness; constant numbness in his left hand and weakness in his fingers with mild pain. On examination of the left hand he has not strength to grab things with his thumb and index finger. If he does use those two fingers, he drops the items. He cannot lift or carry over 10 pounds. The current medication lists include Ecotrin and Plavix. The patient has had MRI of the cervical spine on 11/20/08 that revealed minor spondylosis of 1-2 mm C3-4 through C6-7 disc space without spinal stenosis; X -rays of cervical spine on 9/23/2014 that revealed post op changes of the cervical fusion at C6-7; The patient's surgical history include left forearm surgery; cervical surgery on 6/25/14 cervical microdiscectomy and interbody arthrodesis at C6-7 with internal fixation and left iliac bone graft. He had received cervical ESI for this injury The patient's surgical history include Gallbladder surgery, Appendectomy, Left forearm surgery, 3 left knee surgeries over 18 years ago, 3 right ankle surgery in the last four years (last surgery earlier this year) and 2 heart surgeries within six months approximately 6 years ago for stent placement; Cervical spine surgery. He has had a urine drug toxicology report on 6/25/14 that was negative for opioid. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited above, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. 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." The current diagnoses include cervical spondylosis, CTS and Status post cervical microdiscectomy and interbody arthrodesis at C6-7 with internal fixation and left iliac bone graft. Per the doctor's note dated 10/06/14, patient has complaints of pain in neck at 5/10 with radiation of pain in left shoulder and numbness in left hand with weakness; constant numbness in his left hand and weakness in his fingers with mild pain. On examination of the left hand he has no strength to grab things with his thumb and index finger. If he does use those two fingers, he drops the items. He cannot lift or carry over 10 pounds. The patient's surgical history include left forearm surgery; cervical surgery on 6/25/14 cervical microdiscectomy and interbody arthrodesis at C6-7 with internal fixation and left iliac bone graft. The patient has neck, shoulder and hand pain along with neurological symptoms. The patient could also have peripheral neuropathy. It is necessary to do electro-diagnostic studies of the left upper extremity, to find out the exact cause of the neurological symptoms in the left upper extremity. The request for EMG left upper extremity is medically appropriate and necessary for this patient at this time.

NCV left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low

back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. 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." The current diagnoses include cervical spondylosis, CTS and Status post cervical microdiscectomy and interbody arthrodesis at C6-7 with internal fixation and left iliac bone graft. Per the doctor's note dated 10/06/14, patient has complaints of pain in neck at 5/10 with radiation of pain in left shoulder and numbness in left hand with weakness; constant numbness in his left hand and weakness in his fingers with mild pain. On examination of the left hand he has no strength to grab things with his thumb and index finger. If he does use those two fingers, he drops the items. He cannot lift or carry over 10 pounds. The patient's surgical history include left forearm surgery; cervical surgery on 6/25/14 cervical microdiscectomy and interbody arthrodesis at C6-7 with internal fixation and left iliac bone graft. The patient has neck, shoulder and hand pain along with neurological symptoms. The patient could also have peripheral neuropathy. It is necessary to do electro-diagnostic studies of the left upper extremity, to find out the exact cause of the neurological symptoms in the left upper extremity. The request for NCV left upper extremity is medically appropriate and necessary for this patient at this time.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. 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." A detailed physical examination of the right upper extremity was not specified in the records provided. Any significant functional deficits of the right upper extremity that would require EMG/NCV study of the right upper extremity was not specified in the records provided. Detailed history and duration of signs/symptoms of the tingling and numbness in the right upper extremity was not specified in the records provided. A plan for an invasive procedure for right upper extremity was not specified in the records provided. The response of the symptoms to a period of rest and oral pharmacotherapy was not specified in the records provided. Patient has received an unspecified number of PT

visits for this injury. A detailed response to a complete course of conservative therapy including PT visits, for the right upper extremity was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The medical necessity of the request for EMG right upper extremity is not fully established for this patient. Therefore, the request is not medically necessary.

NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. 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." A detailed physical examination of the right upper extremity was not specified in the records provided. Any significant functional deficits of the right upper extremity that would require EMG/NCV study was not specified in the records provided. Detailed history and duration of signs /symptoms of the tingling and numbness in the right upper extremity was not specified in the records provided. A plan for an invasive procedure for right upper extremity was not specified in the records provided. The response of the symptoms to a period of rest and oral pharmacotherapy was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits for the right upper extremity was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The medical necessity of the request for NCV right upper extremity is not fully established for this patient. Therefore, the request is not medically necessary.