

Case Number:	CM15-0007347		
Date Assigned:	01/26/2015	Date of Injury:	04/09/2012
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/13/2015

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: New Jersey
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:

The injured worker is a 58 year female, who sustained a work/ industrial injury as an eligibility technician on 4/9/12. She has reported symptoms of pain in neck, back, hands, and wrists along with headaches. The diagnoses have included bilateral carpal tunnel and degenerative disc disease to cervical spine. X-rays of neck showed moderate-severe degenerative disc disease from C3-C7. An Magnetic Resonance Imaging (MRI) was performed 6/27/13 that noted degenerative changes of the cervical disks from C3-4 down to C7-T1 with posterior disc and osteophytes protrusions causing minimal to mild spinal canal stenosis at all levels through this area; there is bilateral foraminal stenosis from c4-4 to C7-T1, most severe on the left side at C7-T1. There is no evidence of cervical radiculopathy, brachial plexopathy, or other peripheral nerve entrapment. An epidural steroid injection was performed. A rheumatology consult was completed on 9/2014. Treatment began for fibromyalgia. An electromyogram/nerve conduction study (EMG/NCS) was ordered to rule out cervical radiculopathy. On 12/17/14, Utilization Review non-certified an electromyogram/Nerve Conduction study (EMG/NCV) of the upper extremities, noting the California Medical treatment Utilization Schedule (MTUS) :Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) Guidelines: Electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV upper extremity r/o cervical radiculopathy vs CTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic Testing Section

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

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, her reported symptoms were not significantly different from when she had consultation with a neurologist on 6/28/2013, who determined the cause of her symptoms was at least partially related to carpal tunnel syndrome and not cervical radiculopathy. The worker also at the time of this request was getting an opinion with a rheumatologist. Awaiting this consultation report would be appropriate before considering other testing as some of her symptoms may be related to fibromyalgia or another condition. Therefore, at this time, the lower extremity EMG/NCV testing appears to be medically unnecessary, based on the documents submitted for review.