

Case Number:	CM15-0012148		
Date Assigned:	01/29/2015	Date of Injury:	03/20/2001
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/21/2015

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: California, Hawaii

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 injured worker is a 45 year old male with an industrial injury dated March 20, 2001. The injured worker diagnoses include cervicalgia and degeneration of cervical intervertebral disc. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/8/15, the treating physician noted that the injured worker continued to struggle with persistent pain in the lower cervical area. He noted a direct correlation between the increased pain of his neck pain and the pain and paresthesia in the right arm. He reported pain extending down the right arm into the forearm and into the index and middle finger. Physical exam revealed some tenderness noted at C6-T1 paracervical areas with good cervical range of motion. Tinel's test at the right wrist was positive. Tenderness was noted in the right forearm, brachioradialis and extensors. The treating physician prescribed services for Electromyography (EMG/Neuro Conduction Studies (NCS) of right upper extremity. Utilization Review determination on January 15, 2015 denied the request for EMG/NCS of right upper extremity, citing MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: The patient presents with persistent pain in the lower cervical area. He noted a direct correlation between the increased pain of his neck pain and the pain and paresthesia in the right arm. He reported pain extending down the right arm into the forearm and into the index and middle finger. The current request is for EMG/NCS of right upper extremity. The treating physician reports were not included in the clinical history. MTUS guidelines do not address EMG/NCV testing. ACOEM page 262 recommends electrodiagnostic studies to help differentiate between CTS and other conditions, such as cervical radiculopathy. ODG guidelines state that EMG is recommended as an option in selected cases. Review of the limited clinical history provided does not show that the patient has any symptoms in the arms or hands to be concerned about radiculopathy or CTS. Further, the lack of clinical history fails to document a failed response to 3-4 weeks of recent conservative care to improve symptoms. More specifically there is no physiologic evidence of nerve impingement, nerve compromise or findings congruent to the patient's complaints do to a lack of clinical history for review. While the current request may be necessary the lack of history makes it impossible to evaluate. Therefore, the current request is not medically necessary and the recommendation is for denial.