

Case Number:	CM15-0017465		
Date Assigned:	02/05/2015	Date of Injury:	01/24/2003
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 who sustained a work related injury January 24, 2003, while involved in a motor vehicle accident. Past history includes a C1-2 fusion. According to a pain management physician's progress report, dated January 8, 2015, the injured worker presented with continued cervical pain and bilateral upper extremity numbness and tingling. There is pain present mid and lower back 9/10, described as sharp, dull/aching, pins and needles, numbness and pressure. Assessment is documented as facet arthropathy, cervical; lumbar radiculopathy; hyperreflexia; headache, cervicogenic; cervicalgia; cervical radiculopathy and failed neck surgery syndrome. Problems seen date of service included; headache, cervicogenic, cervical radiculopathy and failed neck syndrome. Treatment included; renew medications and counseled regarding their side effects, request for upper and lower electromyography studies, continue home exercises, moist heat, and stretches and continue with current psychiatric care. According to utilization review dated January 16, 2015, the request for EMG/NCV (electromyography/nerve conduction velocity studies) of the bilateral upper extremities is non-certified, citing MTUS ACOEM Practice Guidelines. The request for EMG/NCV (electromyography/nerve conduction velocity studies) of the bilateral lower extremities is non-certified, citing MTUS ACOEM Practice Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter, EMG/NCV

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Pain, Carpal Tunnel Syndrome, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." The treating physician does not document a concern for Carpal Tunnel Syndrome (CTS) since the patient has a C1-C2 fusion. ODG further states regarding carpal tunnel syndrome testing (EMG/NCV), "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. See also Nerve conduction studies (NCS) and Electromyography (EMG). In general, carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The medical records do not indicate cervical radiculopathy, deep tendon reflex abnormality, motor or sensory deficit in any specific dermatome on physical exam. Additionally, the medical records do not indicate that the requested test is to be used in conjunction with surgery. As such, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.

EMG/NCV of Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter, EMG/NCV

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309. Decision based on Non-MTUS Citation Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM states "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." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's

are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The medical records do not indicate deep tendon reflex abnormality, motor or sensory deficit in any specific dermatome in the lower extremities to justify an EMG at this time. A NCV is not recommended. As such the request for EMG/NCV OF THE BILATERAL LOWER EXTREMITIES is not medically necessary.