

Case Number:	CM15-0113331		
Date Assigned:	06/19/2015	Date of Injury:	02/20/2014
Decision Date:	08/04/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/11/2015

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

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(n) 50 year old female, who sustained an industrial injury on 2/20/14. She reported pain in her neck, back and knees. The injured worker was diagnosed as having cervicogenic headaches, cervical spine musculoligamentous strain with radiculopathy and lumbar degenerative scoliosis. She has been approved for a cervical fusion but is reluctant. Treatment to date has included physical therapy, a cervical MRI showing C5-C6 and C6-C7 disc height loss and a 3-4mm protrusion, Norco, Voltaren and Flexeril. As of the PR2 dated 5/21/15, the injured worker reports constant pain in the back of her neck that radiates to her shoulders. Objective findings include tenderness and spasms in the cervical spine, restricted cervical range of motion and a negative Tinel's sign bilaterally. The treating physician requested an EMG/NCS of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS (Upper extremities): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

Decision rationale: This patient presents with constant neck pain that radiates into the shoulder. The current request is for an EMG/NCS (Upper extremities). The RFA is dated 05/29/15. Treatments to date have included physical therapy and medications. The patient is currently not working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "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." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 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. NCS and 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 in the course of treatment if symptoms persist." According to the 05/21/15 report, the patient reports constant neck with radiation down to the shoulders. There is also bilateral upper extremity pain with numbness, tingling, weakness, coldness, grip loss and spasms. Objective findings included tenderness and spasms in the cervical spine, and restricted cervical range of motion. Examination of the wrists showed tenderness and positive Tinel's and Phalen's test. There is slight weakness of the right hand and decreased sensation to pinprick about both hands. The treater recommended an EMG/NCS of the upper extremities for further evaluation. The 40 page medical file provided for review does not include any indication of prior EMG/NCS for the upper extremities. Given the patient's continued complaints of radicular pain, positive neurological findings and failure of conservative treatment, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. Therefore, the requested EMG/NCV of the upper extremities IS medically necessary.