

Case Number:	CM15-0120142		
Date Assigned:	06/30/2015	Date of Injury:	11/05/2011
Decision Date:	08/25/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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 60 year old female who sustained an industrial injury on 11/05/11. Initial complaints and diagnoses are not available. Treatments to date include medications and neck surgery. Diagnostic studies include x-rays of the cervical spine and electrodiagnostic studies o 05/29/13. Current complaints include neck pain radiating to the bilateral shoulders and mid back. Current diagnoses include right shoulder pain/sprain/capsulitis/rotator cuff tear/internal derangement, cervical spine pain/strain/sprain/radiculopathy/herniated nucleus pulposus. In a progress note dated 05/26/15 the treating provider reports the plan of care as electrodiagnostic studies and nerve conduction studies to the bilateral upper extremities, x-ray of the cervical spine, and physical therapy as well as medications including cyclobenzaprine, nabumetone, and omeprazole. The requested treatments include electrodiagnostic studies and nerve conduction studies to 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 of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262, 303.

Decision rationale: Based on the 05/26/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the bilateral shoulders, with numbness and tingling to LEFT hand. The patient is status post anterior cervical discectomy and fusion at C4-C7, date unspecified. Per Surgical initial evaluation provided in medical records the patient has been scheduled for cervical spine fusion on 10/03/14. The request is for EMG OF RIGHT UPPER EXTREMITY. RFA with the request not provided. Patient's diagnosis on 05/26/15 includes cervical spine sprain/strain; cervical spine radiculopathy, EMG/NCV evidence of bilateral C5 and C6 radiculopathy 05/29/13; and cervical spine herniated nucleus pulposus, X-ray evidence of degenerative disc disease at C3-C4. Physical examination to the cervical spine on 05/26/15 revealed palpable tenderness, associated spastic activity, and restricted ranges of motion. Treatment to date has included surgery, X-rays, electrodiagnostic study, physical therapy, acupuncture, and medications. Patient's medications include Cyclobenzaprine, Ibuprofen and Omeprazole. The patient may return to modified work with restrictions, per 05/26/15 report. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 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." UR letter dated 06/09/15 states "...an EMG was appropriately obtained in 2013 which helped guide medical care." Per 06/09/15 report, treater states "...I would like to re-request authorization for the patient to undergo an updated EMG/NCV of the bilateral upper extremities to further assess pathology." Given that the patient is diagnosed with cervical radiculopathy and has symptoms in her LEFT upper extremity and not right upper extremity, repeat EMG of the RIGHT upper extremity does not appear reasonable. Therefore, the request IS NOT medically necessary.

EMG of left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262, 303.

Decision rationale: Based on the 05/26/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the bilateral shoulders, with numbness and tingling to LEFT hand. The patient is status post anterior cervical discectomy and fusion at C4-C7, date unspecified. Per Surgical initial evaluation provided in medical records the patient has been scheduled for cervical spine fusion on 10/03/14. The request is for EMG OF LEFT UPPER

EXTREMITY. RFA with the request not provided. Patient's diagnosis on 05/26/15 includes cervical spine sprain/strain; cervical spine radiculopathy, EMG/NCV evidence of bilateral C5 and C6 radiculopathy 05/29/13; and cervical spine herniated nucleus pulposus, X-ray evidence of degenerative disc disease at C3-C4. Physical examination to the cervical spine on 05/26/15 revealed palpable tenderness, associated spastic activity, and restricted ranges of motion. Treatment to date has included surgery, X-rays, electrodiagnostic study, physical therapy, acupuncture, and medications. Patient's medications include Cyclobenzaprine, Ibuprofen and Omeprazole. The patient may return to modified work with restrictions, per 05/26/15 report. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 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." UR letter dated 06/09/15 states "...an EMG was appropriately obtained in 2013 which helped guide medical care." Patient's cervical fusion was dated 10/03/14. Per 06/09/15 report, treater states "...I would like to re-request authorization for the patient to undergo an updated EMG/NCV of the bilateral upper extremities to further assess pathology." The patient has a diagnosis of cervical radiculopathy and has symptoms in her LEFT upper extremity. There is no indication patient had postoperative EMG of the LEFT upper extremity. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

NCV of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Based on the 05/26/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the bilateral shoulders, with numbness and tingling to LEFT hand. The patient is status post anterior cervical discectomy and fusion at C4-C7, date unspecified. Per Surgical initial evaluation provided in medical records the patient has been scheduled for cervical spine fusion on 10/03/14. The request is for NCV OF RIGHT UPPER EXTREMITY. RFA with the request not provided. Patient's diagnosis on 05/26/15 includes cervical spine sprain/strain; cervical spine radiculopathy, EMG/NCV evidence of bilateral C5 and C6 radiculopathy 05/29/13; and cervical spine herniated nucleus pulposus, X-ray evidence of degenerative disc disease at C3-C4. Physical examination to the cervical spine on 05/26/15 revealed palpable tenderness, associated spastic activity, and restricted ranges of motion. Treatment to date has included surgery, X-rays, electrodiagnostic study, physical therapy, acupuncture, and medications. Patient's medications include Cyclobenzaprine, Ibuprofen and Omeprazole. The patient may return to modified work with restrictions, per 05/26/15 report. ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 11, page 260-262

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NCV of left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Based on the 05/26/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the bilateral shoulders, with numbness and tingling to LEFT hand. The patient is status post anterior cervical discectomy and fusion at C4-C7, date unspecified. Per Surgical initial evaluation provided in medical records the patient has been scheduled for cervical spine fusion on 10/03/14. The request is for NCV OF LEFT UPPER EXTREMITY. RFA with the request not provided. Patient's diagnosis on 05/26/15 includes cervical spine sprain/strain; cervical spine radiculopathy, EMG/NCV evidence of bilateral C5 and C6 radiculopathy 05/29/13; and cervical spine herniated nucleus pulposus, X-ray evidence of degenerative disc disease at C3-C4. Physical examination to the cervical spine on 05/26/15 revealed palpable tenderness, associated spastic activity, and restricted ranges of motion. Treatment to date has included surgery, X-rays, electrodiagnostic study, physical therapy, acupuncture, and medications. Patient's medications include Cyclobenzaprine, Ibuprofen and Omeprazole. The patient may return to modified work with restrictions, per 05/26/15 report. 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." UR letter dated 06/09/15 states "...an EMG was appropriately obtained in 2013 which helped guide medical care." Patient's cervical fusion was dated 10/03/14. Per 06/09/15 report, treater states "...I would like to re-request authorization for the patient to undergo an updated EMG/NCV of the bilateral upper extremities to further assess pathology." The patient has a diagnosis of cervical radiculopathy and has symptoms in her LEFT upper extremity. There is no indication patient had postoperative NCV of the LEFT upper extremity. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.