

Case Number:	CM15-0120244		
Date Assigned:	06/30/2015	Date of Injury:	01/30/2014
Decision Date:	08/25/2015	UR Denial Date:	05/28/2015
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:

This 52 year old woman sustained an industrial injury on 1/30/2014 after falling forward while pulling out a sofa bed. Evaluations include an undated cervical spine MRI, cervical spine CAT scan dated 4/6/2015, and undated cervical spine, right wrist and hand, and right shoulder x-rays. Diagnoses include status post cervical spine surgery, right carpal tunnel syndrome, cervical radiculopathy, right shoulder impingement syndrome, and right trapezius twitch trigger point. Treatment has included oral medications, acupuncture, cervical epidural injection, surgical intervention, and physical therapy. Physician notes from an initial orthopedic evaluation dated 5/13/2015 show complaints of neck and bilateral upper extremity pain as well as right shoulder and hand and wrist pain. Trigger point injections were administered during this visit. Recommendations include Aleve, Prilosec, Tramadol, Flexeril, compound topical analgesic, home exercise program with stretching, electromyogram/nerve conduction studies of the bilateral upper extremities, increase Gabapentin, and TENS unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient was injured on 01/30/14 and presents with neck pain and bilateral shoulder/arm pain. The request is for an EMG OF THE LEFT UPPER EXTREMITY. There is no RFA provided and the patient is temporarily totally disabled. Review of the reports provided does not indicate if the patient had a prior EMG of the upper extremity. 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." The patient has vague decrease sensation in her right hand, a positive Tinel's sign on the right wrist, a positive Phalen's sign on the right wrist, and a positive digital comp on the right wrist. She is diagnosed with status post cervical spine surgery, right carpal tunnel syndrome, cervical radiculopathy, right shoulder impingement syndrome, and right trapezius twitch trigger point. Treatment to date includes oral medications, acupuncture, cervical epidural injection, surgical intervention, and physical therapy. Given that the patient is diagnosed with cervical radiculopathy and has symptoms in her right upper extremity and not left upper extremity, an EMG of the left upper extremity does not appear to be medically reasonable. The request IS NOT medically necessary.

Nerve Conduction Velocity of right 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: The patient was injured on 01/30/14 and presents with neck pain and bilateral shoulder/arm pain. The request is for an NCV OF THE RIGHT UPPER EXTREMITY. The utilization review denial rationale is that "there is no evidence of radiculopathy to the upper extremities and no presenting evidence of peripheral neuropathy on examination." There is no RFA provided and the patient is temporarily totally disabled. Review of the reports provided does not indicate if the patient had a prior NCV of the upper extremity. 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." The patient has vague decrease sensation in her right hand, a positive Tinel's sign on the right wrist, a positive Phalen's sign on the right wrist, and a positive digital comp on the right wrist. She is diagnosed with status post cervical spine surgery, right carpal tunnel syndrome, cervical radiculopathy, right shoulder impingement syndrome, and right trapezius twitch trigger point. Treatment to date includes oral medications, acupuncture, cervical epidural injection, surgical intervention, and physical therapy. Given that the patient has not had a prior NCV of the right upper extremity, is diagnosed with cervical radiculopathy, and has symptoms in the right upper extremity, the requested NCV of the right upper extremity appears medically reasonable. The request IS medically necessary.

Nerve Conduction Velocity of left 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: The patient was injured on 01/30/14 and presents with neck pain and bilateral shoulder/arm pain. The request is for an NCV OF THE LEFT UPPER EXTREMITY. There is no RFA provided and the patient is temporarily totally disabled. Review of the reports provided does not indicate if the patient had a prior NCV of the upper extremity. 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." The patient has vague decrease sensation in her right hand, a positive Tinel's sign on the right wrist, a positive Phalen's sign on the right wrist, and a positive digital comp on the right wrist. She is diagnosed with status post cervical spine surgery, right carpal tunnel syndrome, cervical radiculopathy, right shoulder impingement syndrome, and right trapezius twitch trigger point. Treatment to date includes oral medications, acupuncture, cervical epidural injection, surgical intervention, and physical therapy. Given that the patient is diagnosed with cervical radiculopathy and has symptoms in her right upper extremity and not left upper extremity, an NCV of the left upper extremity does not appear to be medically reasonable. The request IS NOT medically necessary.

Electromyography of right 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: The patient was injured on 01/30/14 and presents with neck pain and bilateral shoulder/arm pain. The request is for an EMG OF THE RIGHT UPPER EXTREMITY. The utilization review denial rationale is that "there is no evidence of radiculopathy to the upper extremities and no presenting evidence of peripheral neuropathy on examination." There is no RFA provided and the patient is temporarily totally disabled. Review of the reports provided does not indicate if the patient had a prior EMG of the upper extremity. 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." The patient has vague decrease sensation in her right hand, a positive Tinel's sign on the right wrist, a positive Phalen's sign on the right wrist, and a positive digital comp on the right wrist. She is diagnosed with status post cervical spine surgery, right carpal tunnel syndrome, cervical radiculopathy, right shoulder impingement syndrome, and right trapezius twitch trigger point. Treatment to date includes oral medications, acupuncture, cervical epidural injection, surgical intervention, and physical therapy. Given that the patient has not had a prior EMG of the right upper extremity, is diagnosed with cervical radiculopathy, and has symptoms in the right upper extremity, the requested EMG of the right upper extremity appears medically reasonable. The request IS medically necessary.