

Case Number:	CM15-0126450		
Date Assigned:	07/13/2015	Date of Injury:	11/04/1997
Decision Date:	08/13/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/30/2015

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 59 year old female who sustained an industrial injury on 11/4/97. Treatments to date include: medication, physical therapy, acupuncture and epidural injections. Progress note dated 5/18/15 reports continued complaints pain in her neck, bilateral wrists and hands. Upper back, below shoulder blades, with aching pain that radiates down bilateral upper extremities including numbness, weakness and tingling, left worse than right, rated 7/10. The pain in her neck radiates into her head causing headaches. Bilateral shoulder pain is aching and limits range of motion in her left arm. Bilateral wrists with aching pain and numbness. Pain is rated 6/10. Low back pain is left sided, aching, radiates down left hip into her left calf, rated 5/10. Medications reduce the pain moderately. Diagnoses include: degenerative disc disease and facet arthropathy of cervical spine, multilevel HNPs of cervical spine with moderate stenosis, cervical radiculopathy, bilateral carpal tunnel syndrome, double crush syndrome, and neural foraminal narrowing C4-5 on the left. Plan of care includes: continue home exercise program, request authorization for repeat EMG/NCV of the bilateral upper extremities and cervical spine MRI and continue medications; increase elavil, request authorization for omeprazole, nabumetone and cyclobenzaprine. Work status per primary treating physician. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/ NCV (nerve conduction studies) of Left Upper Extremity as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262, Chronic Pain Treatment Guidelines Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations Page(s): 178.

Decision rationale: Based on the 05/18/15 progress report provided by treating physician, the patient presents with pain to neck, upper back, shoulders, bilateral wrists and hands, with numbness, tingling and weakness, rated 7/10. The request is for EMG (electromyography)/ NCV (nerve conduction studies) of left upper extremity as an outpatient. RFA dated 05/18/15 provided. Patient's diagnosis on 05/18/15 includes degenerative disc disease and facet arthropathy of cervical spine, multilevel herniated nucleus pulposus of cervical spine with moderate stenosis, cervical radiculopathy, bilateral carpal tunnel syndrome, double crush syndrome, neural foraminal narrowing C4-C5 on the left, and depression. Physical Examination to the cervical spine on 05/18/15 revealed tenderness to palpation to the cervical spine midline in addition to right-sided paraspinal muscles and trapezius. Range of motion decreased in all planes. Upper extremity sensation is decreased, right C7, C8 distribution. Positive Spurling's test for the right shoulder. Treatment to date has included imaging and electrodiagnostic studies, physical therapy, acupuncture, epidural injections, and medications. Patient's medications include Elavil, Prilosec, and Relafen. Patient's work status not available. MTUS/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." Per 05/18/15 report, treater states "Given [the patient's] persistent pain and out of date exam studies, I recommend a repeat EMG/NCV of the bilateral upper extremities and C/S MRI." ACOEM allows for repeat electrodiagnostic studies only if the prior ones are negative during the acute phase. In this case, there is no new injury, new clinical information or change in neurologic findings to warrant updated studies. Therefore, the request IS NOT medically necessary. NOTE: Progress report 06/15/15 states EMG/NCS bilateral extremities done on 06/04/15 revealed normal study with "no electrodiagnostic evidence of focal nerve entrapment, cervical radiculopathy or generalized peripheral neuropathy affecting the upper limbs." EMG study dated 06/04/15 was provided. It appears EMG study has been done prior to authorization.