

Case Number:	CM15-0171474		
Date Assigned:	09/11/2015	Date of Injury:	06/11/2014
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 55-year-old female who sustained an industrial injury on 06-11-2014. She is being treated for cervical, thoracic and lumbar symptoms. Diagnoses include sprains and strains of the neck, sprain and strain of the thoracic region and sprain and strain of the lumbar region. A physician progress note dated 08-05-2015 documents the injured worker complains of cervical spine pain that radiates to the bilateral trapezius, interscapular area and occipital lobe. Her pain is almost constant and is rated at its least a 6 out of 10 and at its worst 8 out of 10. She has associated headaches, which she rates as 8 out of 10. She has tingling and numbness in her wrist and hand areas. There is cervical spine tenderness to the base of the CT junction at the C6- C8 level and bilaterally into the trapezius. She has lumbar spine pain that is constant and rated 6 out of 10 at its least and 8 out of 10 at its worst. The pain was noted to be stable and not deteriorating because of the positive response to PT. Pain radiates to her coccyx, groin, buttocks and both legs with numbness in her bilateral legs. There is tenderness to palpation at the bilateral pelvic brim and junction, greater on the right, and positive bilateral sciatic notch tenderness. Treatment to date has included diagnostic studies, medications, physical therapy, and acupuncture. A Magnetic Resonance Imaging of the cervical spine done on 06-23-2015 revealed changes at the C3 to C7 levels effacing the nerve roots, and right C5-6 and bilateral C6-7 uncinated spurs could be deviating the exiting roots as they enter the foraminal ostia. A RFA dated 08-13-2015 requests Electromyography and Nerve Conduction Velocity of bilateral upper extremities and additional physical therapy 1 x 6. The treatment plan includes approval for bilateral upper extremity Electromyography and Nerve Conduction Velocity studies, requesting approval for additional physical therapy one a week for 6 weeks, continue

acupuncture, consider alternative treatments as needed, review QME progress note one available, return to clinic in 4 weeks and continue commonsense precautions in all activities. Current medications include Advair, Amlodipine, Atenolol, Hydrochlorothiazide, Zanaflex, Norco and Naproxen. She is currently not working. On 08-19-2015 the Utilization Review non-certified the requested treatment Nerve Conduction Velocity of right upper extremity the Nerve Conduction Velocity of the left upper extremity, Electromyography of the right upper extremity and Electromyography of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back, EMG/NCV studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that EMG studies can be utilized as confirmatory test for the evaluation of neurological deficits secondary to cervical spine pathology when clinical evaluation and radiological tests are inconclusive. The records indicate that the patient had subjective, objective and radiological findings consistent with cervical radiculopathy. There was subjective complaints consistent with upper extremity radiculopathy and neuropathy. The MRI test of the cervical spine showed multilevel cervical spine changes with nerve roots effacement consistent with cervical radiculopathy. Therefore, further EMG diagnostic tests for diagnosis of radiculopathy will not add new information as confirmatory test. The criteria for EMG studies of Left upper extremities was not met.

NCV of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Extremity, EMG/NCV studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NCV studies can be utilized as confirmatory test for the evaluation of neurological deficit secondary to cervical spine pathology when clinical evaluation and radiological tests are inconclusive. The records indicate that the patient had subjective, objective and radiological findings consistent with cervical radiculopathy. There was subjective complaints consistent with upper extremity radiculopathy and neuropathy. The MRI test of the cervical spine showed multilevel cervical

spine changes with nerve roots effacement consistent with cervical radiculopathy. Therefore, further NCV diagnostic tests for diagnosis of radiculopathy will not add new information as confirmatory test. The criteria for NCV studies of Right upper extremities was not met.

NCV of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Extremity, EMG/NCV studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NCV studies can be utilized as confirmatory test for the evaluation of neurological deficit secondary to cervical spine pathology when clinical evaluation and radiological tests are inconclusive. The records indicate that the patient had subjective, objective and radiological findings consistent with cervical radiculopathy. There was subjective complaints consistent with upper extremity radiculopathy and neuropathy. The MRI test of the cervical spine showed multilevel cervical spine changes with nerve roots effacement consistent with cervical radiculopathy. Therefore, further NCV diagnostic tests for diagnosis of radiculopathy will not add new information as confirmatory test. The criteria for NCV studies of Left upper extremities was not met.

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