

Case Number:	CM15-0179594		
Date Assigned:	09/21/2015	Date of Injury:	06/05/2013
Decision Date:	11/12/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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 47 year old female, who sustained an industrial injury on 6-5-2013. She reported developing pain in bilateral hands, shoulder, left elbow, dorsal spine and bilateral thighs from repetitive trauma. Diagnoses include cervical sprain-strain, cervicogenic headaches, tension headaches secondary to anxiety and depression, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and history of diabetes mellitus, and neonatal epilepsy with chronic anticonvulsant medication therapy. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments. Currently, she complained of ongoing pain in the neck, shoulders, arms, hands with complaints of numbness and tingling in the upper back. On 8-6-15, the physical examination documented tenderness to the shoulders with limited range of motion. The elbows revealed positive Tinel's sign bilaterally. The wrists were noted to have decreased strength bilaterally and a positive Finklestein's test on the left side. The provider documented a repeat nerve conduction study was completed on 4-14-15, revealed no evidence of carpal tunnel syndrome, but did show ulnar neuropathy on the left and borderline ulnar neuropathy on the right. The records further indicated a positive nerve conduction study completed on 11-22-13, revealing bilateral carpal tunnel and bilateral cubital tunnel syndrome, and the provider suggested a repeat nerve conduction study may be needed to confirm results. The appeal requested authorization for electromyogram and nerve conduction studies (EMG/NCS) of bilateral upper extremity and a cervical spine MRI without contrast. The Utilization Review dated 8-14-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the BUE: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient presents with pain in her neck, shoulders, arms, and hands rated 5-10/10. She complains of some numbness and tingling in her upper back. The request is for EMG/NCV of the BUE. The request for authorization is dated 08/06/15. Repeat EMG/NCV of the BUE, 04/14/15, shows no evidence of a carpal tunnel syndrome; there is borderline ulnar slowing across the right elbow; no evidence of cervical radiculopathy; no evidence of brachial plexopathy on the right and on the left. Physical examination of the neck reveals paracervical, sternocleidomastoid or trapezius muscles are non-tender. ROM of the neck is normal. Strength is normal in bilateral upper extremities. Tone is normal in bilateral upper extremities. DTRs are normal. Sensation is intact. Exam of wrist reveals tenderness over the PIP joint left thumb, basilar joint left side, and left first dorsal compartment. Normal flexion, extension, radial and ulnar deviation. Decreased strength with forced wrist extension 4/5 bilaterally. Finkelstein's test is positive on the left side. Patient had 6 sessions of OT/PT. Per progress report dated 08/06/15, the patient is to continue full duty. 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 request for authorization dated 08/06/15, treater's reason for the request is "Rule out: Bilateral carpal tunnel syndrome." Prior EMG/NCV of the BUE shows no evidence of a carpal tunnel syndrome. ACOEM supports repeat testing if EDS is negative. In this case, the patient continues with pain in her neck and wrist. Given the physical examination findings of the wrist, an EMG/NCV of the BUE would appear reasonable. However, the patient's symptoms are mostly on the left side and not bilateral. Therefore, the request is not medically necessary.

Cervical MRI: Overturned

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 rationale: The patient presents with pain in her neck, shoulders, arms, and hands rated 5-10/10. She complains of some numbness and tingling in her upper back. The request is for Cervical MRI. The request for authorization is dated 08/06/15. Repeat EMG/NCV of the BUE,

04/14/15, shows no evidence of a carpal tunnel syndrome; there is borderline ulnar slowing across the right elbow; no evidence of cervical radiculopathy; no evidence of brachial plexopathy on the right and on the left. Physical examination of the neck reveals paracervical, sternocleidomastoid or trapezius muscles are non-tender. ROM of the neck is normal. Strength is normal in bilateral upper extremities. Tone is normal in bilateral upper extremities. DTRs are normal. Sensation is intact. Exam of wrist reveals tenderness over the PIP joint left thumb, basilar joint left side, and left first dorsal compartment. Normal flexion, extension, radial and ulnar deviation. Decreased strength with forced wrist extension 4/5 bilaterally. Finkelstein's test is positive on the left side. Patient had 6 sessions of OT/PT. Per progress report dated 08/06/15, the patient is to continue full duty. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. (2) Neck pain with radiculopathy if severe or progressive neurologic deficit. (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. (5) Chronic neck pain, radiographs show bone or disc margin destruction. (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal". (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit. (8) Upper back/thoracic spine trauma with neurological deficit. Per request for authorization dated 08/06/15, treater's reason for the request is "to evaluate upper extremity paraesthesias and pain." Review of provided medical records do not show that the patient has had a prior Cervical MRI. In this case, given the patient's upper extremity symptoms, the request appears reasonable and within guidelines indication. Therefore, the request is medically necessary.