

Case Number:	CM15-0026261		
Date Assigned:	02/18/2015	Date of Injury:	04/26/1999
Decision Date:	04/03/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/11/2015

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, Hawaii
 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 57 year old male, who sustained an industrial injury on April 26, 1999. He has reported neck pain and bilateral arm pain. The diagnoses have included cervical spine disc herniation. Treatment to date has included medications and imaging studies. A progress note dated January 5, 2015 indicates a chief complaint of worsening neck pain with radiation to the bilateral arms. Physical examination showed fasciculations of the left deltoid muscle. The treating physician is requesting electromyography and nerve conduction velocity studies of the neck and bilateral arms due to worsening of neurological symptoms and findings on a repeat magnetic resonance imaging. On January 14, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography and Nerve Conduction Velocity Studies of the Neck and Bilateral UpperExtremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 178 (cervical chapter) and 260-262 (wrist chapter); ODG, Neck and Upper Back, Electromyography; ODG, Neck and Upper Back, Nerve conduction studies.

Decision rationale: The patient presents with pain affecting the neck and bilateral upper extremity. The current request is for 1 Electromyography and Nerve Conduction Velocity Studies of the Neck and Bilateral Upper Extremities. The treating physician report dated 1/5/15 (16B) states: Nerve tests of the neck and arms are necessary as soon as possible. He understands that there is a 50-50 chance that he is facing neck surgery. It is imperative to determine whether or not there is any denervation. If denervation is seen, then a consultation with a spine surgeon will be arranged. If no denervation is seen, he will most likely be a candidate for cervical epidural cortisone injection. The MTUS guidelines do not address the current request. The ACOEM guidelines state, 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Repeat studies, test may be repeated later in the course of treatment if symptoms persist. Medical reports provided do not show that the patient has received prior EMG or NCV studies previously. In this case, the patient presents with worsening neck pain with radiation down both arms and into his fingers that has persisted for longer than 3-4 weeks. Furthermore, the treating physician feels that the current request is medically necessary to determine if the patient has any denervation and to see if surgery can possibly be avoided. Recommendation is for authorization.