

Case Number:	CM15-0056896		
Date Assigned:	04/01/2015	Date of Injury:	06/23/2012
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/25/2015

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: Preventive Medicine, Occupational Medicine

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 62 year old female sustained an industrial injury to the neck, on 6/23/12. Current diagnoses included chronic pain syndrome and cervical spine herniated nucleus pulposus. Previous treatment included magnetic resonance imaging, EMG (date not given - showed mild left carpal tunnel syndrome), physical therapy, chiropractic therapy, epidural steroid injections, acupuncture and medications. In a PR-2 dated 3/9/15, the injured worker complained of pain to the neck, shoulder arm and hand rated 7-9/10 on the visual analog scale. The physician noted that magnetic resonance imaging (1/27/15) showed C4-5 and C5-6 stenosis. The treatment plan included electromyography/nerve conduction velocity test of bilateral upper extremities.

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 velocity) of Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 178, 212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 179, 182.

Decision rationale: Electromyography (EMG) and Nerve Conduction Velocity (NCV) are diagnostic tests used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, EMG testing is used to evaluate and record the electrical activity produced by skeletal muscles and NCV testing is used to evaluate the ability of the body's motor and sensory nerves to conduct electrical impulses. The tests can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). The ACOEM guidelines also recommend their use to clarify nerve root dysfunction in cases of disk herniation prior to surgery or epidural injections. Criteria for their use are very specific. When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient has symptoms present for over 4 weeks, has a diagnosed disk herniation for which surgery is an option and complains of worsening pain over the last 3 months. EMG/NCV testing will help differentiate if her symptoms are from a condition affecting the cervical spinal roots or a more peripheral cause, such as the carpal tunnel syndrome a prior EMG study identified, and thus will direct further therapy. Medical necessity for these studies has been established.