

Case Number:	CM15-0067814		
Date Assigned:	04/15/2015	Date of Injury:	08/23/2012
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/09/2015

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 46-year-old female, with a reported date of injury of 08/23/2012. The diagnoses include cervical myofascial sprain/strain and bilateral carpal tunnel syndrome. Treatments to date have included electromyography/nerve conduction study of the upper extremities, MRI scans of the bilateral wrists, and a computerized tomography (CT) scan of the head. The progress report dated 03/24/2015 indicates that the injured worker complained of intermitted moderate neck pain with frequent severe headaches, and intermitted moderate bilateral wrist pain with numbness, tingling, swelling, cramping, and weakness in the hands and fingers. The physical examination showed normal cervical lordosis and head level, spasm of the cervical paracervical and trapezius muscles, tenderness of the paracervical and trapezius muscles, decreased cervical range of motion, no tenderness to palpation of the bilateral wrists, normal bilateral wrist motor strength, positive bilateral Tinel's test and Phalen's test. The treating physician requested electromyography of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities, per 3/26/15 order. qty:1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 wrists with radiation to the hands and fingers. The current request is for EMG of the bilateral upper extremities, per 3/26/15 order. Qty:1.00. The treating physician report dated 3/24/15 (41B) states: I am requesting authorization for an EMG/Nerve conduction study of the bilateral upper extremities. She will return for follow-up in six weeks, or sooner if the results of the nerve study become available. The report goes on to state: I do not agree with the injection of cortisone for carpal tunnel syndrome that has been symptomatic for three years. If the EMG/Nerve conduction study does show carpal tunnel she should proceed with surgery as soon as possible. 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 bilateral upper extremities 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 carpal tunnel syndrome so they can decide whether or not to proceed with surgery. The current request is medically necessary and the recommendation is for authorization.