MAXIMUS Federal Services

| Case Number: | CM15-0091600 | | |
|---|---|---|---|
| Date Assigned: | 05/18/2015 | Date of Injury: | 06/27/2013 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 05/12/2015 |

## 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, 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:

This 61 year old female sustained an industrial injury to the cervical spine on 6/27/13. Magnetic resonance imaging cervical spine (1/16/14) showed a small disc protrusion at C5-6 just touching and slightly deforming the anterolateral aspect of the spinal cord without significant narrowing of the canal or neural foramen. Electromyography/nerve conduction velocity test of bilateral upper extremities (3/12/14) was normal. Documentation did not disclose previous treatment with the exception of medications. In a consultation dated 2/18/15, the injured worker complained of three to four headaches per week rated 5-8/10 on the visual analog scale, cervical spine pain, right shoulder discomfort, intermittent twinges of pain in bilateral hands associated with numbness and paresthesias, occasional burning sensations in bilateral elbows and waxing and waning low back pain. Physical exam was remarkable for normal sensory exam with 5/5 motor strength to bilateral upper extremities and positive Tinel's sign at bilateral elbows. Current diagnoses included chronic headaches and neck pain, probable bilateral cubital tunnel syndrome and history of chronic spine pain. The treatment plan included electromyography/nerve conduction velocity test bilateral upper extremities due to increasing symptoms of pain in numbness to bilateral hands.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** Regarding the request for EMG of left upper extremity, ACOEM Practice Guidelines state that the electromyography may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is documentation of numbness and tingling in bilateral hands, and physical exam findings suspicious for cubital tunnel syndrome with positive Tinel's sign at the elbows. Although the motor and sensory examinations did not identify focal deficits, these findings may not be apparent clinically if there is a subtle nerve dysfunction. An EMG study will allow the examiner to rule out other pathologies, which may mimic this patient's symptoms of numbness in the hands (ie, cervical radiculitis). This is relevant in this case as the patient has cervical disc protrusions as well. The currently requested EMG of left upper extremity is medically necessary.

**EMG right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-3.

**Decision rationale:** Regarding the request for EMG of right upper extremity, ACOEM Practice Guidelines state that the electromyography may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is documentation of numbness and tingling in bilateral hands, and physical exam findings suspicious for cubital tunnel syndrome with positive Tinel's sign at the elbows. Although the motor and sensory examinations did not identify focal deficits, these findings may not be apparent clinically if there is a subtle nerve dysfunction. An EMG study will allow the examiner to rule out other pathologies, which may mimic this patient's symptoms of numbness in the hands (ie, cervical radiculitis). This is relevant in this case as the patient has cervical disc protrusions as well. The currently requested EMG of right upper extremity is medically necessary.

**NCV right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** Regarding the request for NCS of right upper extremity, ACOEM Practice Guidelines state that the nerve conduction studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is documentation of numbness and tingling in bilateral hands, and physical exam findings suspicious for cubital tunnel syndrome with positive Tinel's sign at the elbows. Although the motor and sensory examinations did not identify focal deficits, these findings may not be apparent clinically if there is a subtle nerve dysfunction. A nerve conduction study is the primary study to identify subtle cubital tunnel syndrome or ulnar neuropathy at the elbow. The currently requested NCS of right upper extremity is medically necessary.

**NCV left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-3.

**Decision rationale:** Regarding the request for NCS of left upper extremity, ACOEM Practice Guidelines state that the nerve conduction studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is documentation of numbness and tingling in bilateral hands, and physical exam findings suspicious for cubital tunnel syndrome with positive Tinel's sign at the elbows. Although the motor and sensory examinations did not identify focal deficits, these findings may not be apparent clinically if there is a subtle nerve dysfunction. A nerve conduction study is the primary study to identify subtle cubital tunnel syndrome or ulnar neuropathy at the elbow. The currently requested NCS of left upper extremity is medically necessary.