

Case Number:	CM15-0094170		
Date Assigned:	05/20/2015	Date of Injury:	08/22/2009
Decision Date:	06/29/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/15/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 45-year-old male sustained an industrial injury to the neck, back and right leg on 8/20/09. Magnetic resonance imaging cervical spine (3/31/10) showed herniated disc at C5-6 and C6-7. Electromyography/nerve conduction velocity (EMG/NCV) test bilateral upper extremities (6/11/12) showed bilateral carpal tunnel syndrome. Previous treatment included cervical fusion, physical therapy and medications. In a PR-2 dated 4/2/15, the injured worker complained of cervical pain and right upper extremity pain and numbness with numbness to the 4th and 5th fingers and wrist associated with decreased grip and atrophy of right intrinsic. Physical exam was remarkable for upper extremities with 5/5 motor strength, decreased sensation to the light touch over the C6 dermatome with positive Phalen's test. Current diagnoses included cervical disc disease, cervical radiculitis, neck pain and carpal tunnel syndrome. The treatment plan included requesting authorization for bilateral upper extremity electromyography/nerve conduction velocity test and refilling medications (Norco, Voltaren, Neurontin and Zanaflex). On 4/22/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) to the upper right extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): chapter 8 p. 168-171, 182, chapter 11 p. 268-269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: EMG, nerve conduction studies.

Decision rationale: The ACOEM recommends EMG (electromyogram) to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural steroid injection. Nerve conduction velocity (NCV) is recommended for median or ulnar impingement at the wrist after failure of conservative treatment. The ODG notes that EMG is moderately sensitive in relation to cervical radiculopathy. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG does not clearly demonstrate radiculopathy or is clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms based on radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. The ACOEM states that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. These may include nerve conduction studies and electromyography. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. In this case, the injured worker has symptoms and findings consistent with carpal tunnel syndrome and cervical radiculopathy. Prior EMG/NCV showed bilateral carpal tunnel syndrome. Prior MRI of the cervical spine showed herniated discs and the injured worker was treated with cervical spine surgery and physical therapy. There was no documentation of change in the injured worker's condition since the prior evaluation and treatment for cervical disc disease. There was no discussion by the treating physician of any prior treatment for carpal tunnel syndrome, and no documentation of failure of conservative treatment for carpal tunnel syndrome (median nerve impingement). There was no discussion of plan for additional surgery or for epidural steroid injection. This injured worker has had prior electrodiagnostic testing that was not discussed by the treating physician. No repeat testing would be indicated absent a significant clinical change as well as a discussion of those test results. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications outlined in the MTUS. As such, the request for electromyography (EMG) to the right upper extremity is not medically necessary.

Electromyograph (EMG) to the upper left extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): chapter 8 p. 168-171, 182, chapter 11 p. 268-269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: EMG, nerve conduction studies.

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Nerve conduction study (NCV) to the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): chapter 8 p. 168-171,

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Nerve conduction study (NCV) to the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): chapter 8 p. 168-171, 182, chapter 11 p. 268-269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: EMG, nerve conduction studies.

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