

Case Number:	CM15-0094736		
Date Assigned:	05/20/2015	Date of Injury:	10/02/2013
Decision Date:	07/02/2015	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: California

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 55 year old male, who sustained an industrial injury on 10/2/13. He reported bilateral knee pain, back pain radiating to the lower extremities, and neck pain radiating to bilateral shoulders. The injured worker was diagnosed as having sprain of the neck, lumbar/lumbosacral disc degeneration, lumbar spinal stenosis at L3-5, cervical neuritis, cervical spinal stenosis, and myalgia and myositis. Treatment to date has included physical therapy, and medications including Gabapentin, Norco, and Tizanidine. Currently, the injured worker complains of pain in the neck and low back with numbness of the upper extremities. The treating physician requested authorization for an electromyogram of the left and right upper extremities and nerve conduction velocity of the left and right upper extremities.

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 Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 260-262.

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with neck pain rated 6/10 with numbness to the upper extremities. The request is for EMG LEFT UPPER EXTREMITY. Patient's diagnosis per Request for Authorization form dated 04/14/15 includes cervical neuritis not otherwise specified. Diagnosis on 04/13/15 included sprain of neck, myalgia and myositis NOS, and cervical spinal stenosis. Physical examination to the cervical spine on 04/13/15 revealed tightness and mild tenderness to palpation to the paravertebral muscles. Mild decreased light touch and pinprick sensation in the right upper extremity. MRI of the cervical spine, per 04/13/15 report revealed, "narrowing of the spinal canal at C5-6 and C6-7... degenerative change in the Luschka and facet joints throughout the cervical spine with neural foraminal encroachment marked left..." Treatment to date has included imaging studies, physical therapy, and medications. Patient's medications include Norco, Gabapentin, and Tizanidine. The patient may work modified duty, per 04/13/15 report. Treatment reports were provided from 10/02/14 - 04/13/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per 04/13/15 report, treater states the patient "needs EMG/NCS of the upper extremities due to increased radicular and numbness symptoms." Given the patient's upper extremity symptoms, physical examination findings and diagnosis, EMG/NCV studies would appear reasonable. There is no evidence that this patient has had prior upper extremity EMG/NCV studies done. Therefore, the request IS medically necessary.

Ncv left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with neck pain rated 6/10 with numbness to the upper extremities. The request is for NCV LEFT UPPER EXTREMITY. Patient's diagnosis per Request for Authorization form dated 04/14/15 includes cervical neuritis not otherwise specified. Diagnosis on 04/13/15 included sprain of neck, myalgia and myositis NOS, and cervical spinal stenosis. Physical examination to the cervical spine on 04/13/15 revealed tightness and mild tenderness to palpation to the paravertebral muscles. Mild decreased light touch and pinprick sensation in the right upper extremity. MRI of the cervical spine, per 04/13/15 report revealed, "Narrowing of the spinal canal at C5-6 and C6-7... degenerative change in the Luschka and facet joints throughout the cervical spine with neural foraminal encroachment marked left..." Treatment to date has included imaging studies, physical therapy, and medications. Patient's medications include Norco, Gabapentin, and Tizanidine. The patient may work modified duty, per 04/13/15 report. Treatment reports were provided from 10/02/14 - 04/13/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography

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Ncv right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with neck pain rated 6/10 with numbness to the upper extremities. The request is for NCV RIGHT UPPER EXTREMITY. Patient's diagnosis per Request for Authorization form dated 04/14/15 includes cervical neuritis not otherwise specified. Diagnosis on 04/13/15 included sprain of neck, myalgia and myositis NOS, and cervical spinal stenosis. Physical examination to the cervical spine on 04/13/15 revealed tightness and mild tenderness to palpation to the paravertebral muscles. Mild decreased light touch and pinprick sensation in the right upper extremity. MRI of the cervical spine, per 04/13/15 report revealed, "Narrowing of the spinal canal at C5-6 and C6-7... degenerative change in the Luschka and facet joints throughout the cervical spine with neural foraminal encroachment marked left..." Treatment to date has included imaging studies, physical therapy, and medications. Patient's medications include Norco, Gabapentin, and Tizanidine. The patient may work modified duty, per 04/13/15 report. Treatment reports were provided from 10/02/14 - 04/13/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per 04/13/15 report, treater states the patient "needs EMG/NCS of the upper extremities due to increased radicular and numbness symptoms." Given the patient's upper extremity symptoms, physical examination findings and diagnosis, EMG/NCV studies would appear reasonable. There is no evidence that this patient has had prior upper extremity EMG/NCV studies done. Therefore, the request IS medically necessary.

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