

Case Number:	CM15-0098834		
Date Assigned:	06/01/2015	Date of Injury:	07/31/2013
Decision Date:	07/08/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/21/2015

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 46 year old male, who sustained an industrial injury on 07/31/2013. He reported developing shoulder pain when lifting something overhead and noted that as that pain improved, he developed bilateral hand numbness. The injured worker is currently diagnosed as having bilateral ulnar neuropathy at the elbows, possible carpal tunnel syndrome on the left, lateral femoral cutaneous neuropathy causing the right thigh numbness, peripheral neuropathy, and back and neck pain. Treatment and diagnostics to date has included cervical spine MRI that showed degenerative changes and medications. In a progress note dated 03/25/2015, the injured worker presented with complaints of neck pain and bilateral hand numbness. Objective findings include Tinel's signs present at both elbows and Phelan's signs are questionably positive bilateral at the wrists. The treating physician reported requesting authorization for bilateral upper extremities electromyography/nerve conduction velocity studies.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

Decision rationale: The 46 year old patient presents with shoulder pain, numbness bilaterally over the ulnar aspects of the hand, occasional pain in thenar eminence traveling into the forearm and shoulder on the left, mild neck pain, mid-thoracic pain, numbness over anterolateral thigh on the right side, and constant numbness over the lateral aspect of both feet, as per progress report dated 03/25/15. The request is for EMG left upper extremity. There is no RFA for this case, and the patient's date of injury is 07/31/13. Diagnoses, as per progress report dated 03/25/15, included bilateral ulnar neuropathy at elbows, possible carpal tunnel syndrome on the left, lateral femoral cutaneous neuropathy, peripheral neuropathy in the feet, and back and neck pain possibly due to cervical degenerative disc disease and cervical radiculopathy. MRI of the cervical spine revealed degenerative changes at C4-7 with bilateral neural foraminal narrowing at C4-5, on the right C5-6, and bilaterally at C6-7. The patient is taking Norco for pain relief. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." 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." In this case, the patient complains of numbness bilaterally over the ulnar aspects of the hand that "may awaken him at night," and has been diagnosed with possible carpal tunnel syndrome on the left. The treater is requesting for electrodiagnostic studies of the upper extremities "to better define" the patient's condition. As per prior report dated 01/12/15, the patient suffers from neck pain radiating to arms, left greater than right. Given the radicular symptoms, the request for left upper extremity EMG appears reasonable and is medically necessary.

EMG Right Upper Extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

Decision rationale: The 46 year old patient presents with shoulder pain, numbness bilaterally over the ulnar aspects of the hand, occasional pain in thenar eminence traveling into the forearm and shoulder on the left, mild neck pain, mid-thoracic pain, numbness over anterolateral thigh on the right side, and constant numbness over the lateral aspect of both feet, as per progress report dated 03/25/15. The request is for EMG right upper extremity. There is no RFA for this case, and the patient's date of injury is 07/31/13. Diagnoses, as per progress report dated 03/25/15, included bilateral ulnar neuropathy at elbows, possible carpal tunnel syndrome on the left, lateral

femoral cutaneous neuropathy, peripheral neuropathy in the feet, and back and neck pain possibly due to cervical degenerative disc disease and cervical radiculopathy. MRI of the cervical spine revealed degenerative changes at C4-7 with bilateral neural foraminal narrowing at C4-5, on the right C5-6, and bilaterally at C6-7. The patient is taking Norco for pain relief. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." 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." In this case, the patient complains of numbness bilaterally over the ulnar aspects of the hand that "may awaken him at night." The treater is requesting for electrodiagnostic studies of the upper extremities "to better define" the patient's condition. As per prior report dated 01/12/15, the patient suffers from neck pain radiating to arms, left greater than right. Although the patient's symptoms appear more prominent on the left, there is some numbness in the right upper extremity as well. Hence, the request for right upper extremity EMG appears reasonable and is medically necessary.

NCV Left Upper Extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

Decision rationale: The 46 year old patient presents with shoulder pain, numbness bilaterally over the ulnar aspects of the hand, occasional pain in thenar eminence traveling into the forearm and shoulder on the left, mild neck pain, mid-thoracic pain, numbness over anterolateral thigh on the right side, and constant numbness over the lateral aspect of both feet, as per progress report dated 03/25/15. The request is for NCV left upper extremity. There is no RFA for this case, and the patient's date of injury is 07/31/13. Diagnoses, as per progress report dated 03/25/15, included bilateral ulnar neuropathy at elbows, possible carpal tunnel syndrome on the left, lateral femoral cutaneous neuropathy, peripheral neuropathy in the feet, and back and neck pain possibly due to cervical degenerative disc disease and cervical radiculopathy. MRI of the cervical spine revealed degenerative changes at C4-7 with bilateral neural foraminal narrowing at C4-5, on the right C5-6, and bilaterally at C6-7. The patient is taking Norco for pain relief. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." 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

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