

Case Number:	CM14-0144119		
Date Assigned:	09/12/2014	Date of Injury:	11/18/1999
Decision Date:	10/06/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 82 pages provided for review. The application for independent medical evaluation was from September 2, 2014. It was for electrodiagnostic studies, an EMG/NCV of both upper extremities. Per the records provided, the claimant was described as a 50-year-old man injured in the year 1999. As of August 13, 2014 he had head, back, bilateral shoulder, neck, and hand pain rated eight out of ten. His primary complaint was his neck and there is associated stiffness and popping and headaches coming from the back of his neck. There is intermittent numbness and swelling in the arms and hands. He is in no acute distress but he has decreased cervical spine range of motion. There is intact sensation. He was diagnosed with a cervical herniated nucleus pulposus and right cervical radiculopathy. He has had two right shoulder surgeries in the past, with the first surgery about 4 to 5 years ago and the second about 2 years ago. He has had several epidural steroid injections to the neck and back, with the most recent being about five months ago, and that provided significant pain relief. They are considering epidural injection pending the results of this EMG/NCV of both 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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: The MTUS ACOEM guidelines note that electrodiagnostic studies may be used when the neurologic examination is unclear, when further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the rationale for the requested EMG is not clear, because the patient already has documented radiculopathy. The patient has had several epidurals to the neck and back, which provided significant pain relief, so it is not clear why more diagnostic testing is needed. The radiculopathy is already established, with actions of epidural injection being done based on that fact. There is no need for further clarification of whether or not there is radiculopathy. As such, EMG of the bilateral upper extremities is not medically necessary.

NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: As noted above, the MTUS ACOEM guidelines note that electrodiagnostic studies may be used when the neurologic examination is unclear, when further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the radiculopathy is already established, with actions of epidural injection being done based on that fact. There is no need for further clarification of whether or not there is a radiculopathy. The patient is already diagnosed with cervical radiculopathy and, as such, the nerve conduction study is not medically necessary.