

Case Number:	CM14-0156003		
Date Assigned:	09/26/2014	Date of Injury:	03/26/2012
Decision Date:	11/05/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 55-year-old female who reported an injury on 03/26/2012. The injured worker's mechanism of injury was a fall. The injured worker underwent an anterior cervical discectomy and fusion on 02/04/2014 from the levels of C3 through C7. Prior testing included an EMG/NCV. The injured worker underwent x-rays of the cervical spine, which revealed no changes. Prior treatments included physical therapy and medications. The documentation of 07/23/2014 revealed the injured worker was gradually improving. The injured worker had significant neck pain rated 6/10. The radicular pain was noted to have improved. Other surgical history was noncontributory. The injured worker's medications included omeprazole, metformin, and 2 unstated medications for hypertension. The physical examination revealed the injured worker had tenderness to palpation throughout the neck and upper trapezius region. The cervical spine range of motion was within functional limits in all directions. However, the injured worker was noted to have increasing neck, central, and bilateral cervical paraspinal pain with all cervical spine range of motion. The injured worker had decreased sensation on the right upper extremity at C5-6 distribution as compared to the left. The injured worker was intact to light touch throughout the bilateral upper and lower extremities otherwise. The injured worker had a positive Spurling's with axial load and with quadrant testing. The diagnoses included central canal stenosis, cervical myelopathy, cervical herniated disc C5-7, and status post C3-7 anterior cervical discectomy and fusion (02/04/2014). The treatment plan included physical therapy and a refill of pain medications. The documentation indicated the injured worker had nerve conduction velocity evidence of severe median neuropathy at the wrist, right greater than left, as per the documentation of 04/26/2013. The diagnosis included carpal tunnel syndrome. There was no Request for Authorization submitted for the requested intervention. The documentation of 09/10/2014 revealed the injured worker had decreased range of motion and a positive

Spurling's test and cervical compression test. The injured worker had sensation and strength that were decreased at 4/5 on the left at C5-7. The examination of the right shoulder revealed a decreased range of motion and decreased strength. The diagnoses included multilevel cervical disc herniation, multilevel cervical fusion C2-7, and left upper extremity radiculopathy. An additional diagnosis was rule out carpal tunnel syndrome. The treatment plan included there was a pending authorization for physical therapy and EMG/NCV of the bilateral upper extremities. There was a lack of documented rationale for the request. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioid analgesics, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The clinical documentation submitted for review failed to provide objective findings upon physical examination to support that the injured worker's condition had changed enough to warrant a repeat EMG. There was a lack of documentation indicating a necessity for bilateral studies. Given the above, the request for Electromyography (EMG) of bilateral upper extremities is not medically necessary.

Nerve conduction velocity (NCV) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioid analgesics, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The clinical documentation submitted for review indicated the injured worker had previously undergone a nerve conduction velocity and was found to have

carpal tunnel syndrome. There was a lack of documentation of a significant change in symptomatology or objective findings to support the necessity for a repeat evaluation. Given the above, the request for Nerve conduction velocity (NCV) of bilateral upper extremities is not medically necessary.