

Case Number:	CM13-0017613		
Date Assigned:	10/11/2013	Date of Injury:	11/28/2012
Decision Date:	02/12/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease, 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 physician 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.

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 patient is a 59-year-old who reported an injury on 11/28/2012. The mechanism of injury was noted to be cumulative trauma. The symptoms were noted to include neck pain with radiation down her right upper extremity associated with numbness and tingling. Her physical exam findings include normal deep tendon reflexes, normal motor strength, and normal sensation to her bilateral upper extremities. Her diagnoses include cervical spine and right trapezial sprain/strain; right shoulder pain, status post surgery; and right wrist pain, status post carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic testing of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper back, Nerve velocity studies & Electromyography.

Decision rationale: According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, electromyography and nerve conduction velocity studies may help identify neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks.

The Official Disability Guidelines further specify that nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by electromyography and obvious clinical signs. It also states that electromyography is recommended as an option in selected cases; however, EMG findings may not be predictive of surgical outcome in cervical surgery, and the patient's may still benefit from surgery even in the absence of EMG findings of nerve root impingement. The clinical information submitted for review indicates that the patient reports radicular symptoms into her right upper extremity; however, there is no documentation of radicular symptoms into her left upper extremity. Additionally, her 08/22/2013 orthopedic evaluation states that the patient reported having electrodiagnostic studies in her bilateral upper extremities which she reported to be negative, there was no documentation of any indications to support repeat studies. Furthermore, documentation indicates that the patient has reached maximum medical improvement and has also stated that she will not have any surgery on her cervical spine. The request for electrodiagnostic testing of the bilateral upper extremities is not medically necessary or appropriate.

EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: The Physician Reviewer's decision rationale: According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, electromyography may help identify subtle neurological changes in patients with neck or arm symptoms. More specifically, the Official Disability Guidelines state that electromyography may be recommended in selected cases; however, EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. The patient was noted to complain of radicular pain into her right upper extremity; however, she has not reported symptoms of radicular pain in her left upper extremity. Additionally, at her 08/22/2013 orthopedic evaluation, it was noted that the patient had reached maximum medical improvement and the patient stated she would not have surgery on the cervical spine. It was also noted that the physician felt she would not benefit from further epidurals or surgery to her cervical spine. Moreover, her 08/22/2013 orthopedic evaluation states that the patient reported having electrodiagnostic studies in her bilateral upper extremities which she reported to be negative, there was no documentation of any indications to support repeat studies. The request for an EMG is not medically necessary or appropriate.

One surgical consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: According to ACOEM Guidelines, a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than 1 month, or with extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair, or unresolved radicular symptoms after receiving conservative treatment. According to the patient's 08/22/2013 orthopedic evaluation document, the patient had reached maximum medical improvement. It was also noted that the patient stated she had no interest in receiving surgery to her cervical spine. Moreover, [REDACTED] stated that he did not feel she would benefit from any further epidurals or surgery. The request for one surgical consult is not medically necessary or appropriate.