

Case Number:	CM13-0019270		
Date Assigned:	10/11/2013	Date of Injury:	09/24/2011
Decision Date:	01/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

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 Neuromuscular Medicine and Neurology 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. 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:

██████████ is a 52 year old woman who underwent left shoulder surgery on June 1, 2012. The patient was working as a food server and developed left shoulder pain in August 2011. She reported her pain on September 24, 2011. Following her surgery, the patient reported neck pain radiating to the left arm, muscle spasm and headache. Her physical examination performed on October 30, 2012 showed limitation of left shoulder range of motion. She was evaluated on April 9 2013 by ██████████ who documented left shoulder pain with limitation of range of motion, no evidence of radicular pain. He stated that her condition is work related. However ██████████, an orthopedic specialist is convinced that her neck pain and numbness and tingling could be related to cervical radiculopathy. The patient has left neck pain irradiating to her left upper extremity with numbness and limited neck range of motion. Cervical compression tests caused increased pain irradiating to her left upper extremity. He requested an EMG/NCV of both upper extremities. MRI of the cervical spine performed on August 3 , 2013 demonstrated C5-C6 posterior disc bulging with right and minimal left sided neural foraminal stenosis. The patient was treated with physical therapy, pain medications, cortisone injection and left shoulder manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral upper extremities to be done by ██████████: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition, 2004 Cervical Nerve Root Decompression, pages 261-262 and 265

Decision rationale: According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms, page 261 when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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 three or four weeks. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation page 265. EMG is useful to identify physiological insult and anatomical defect in case of neck pain page 262 In addition to her left shoulder pain, the patient developed neck pain that was resistant to different therapies. Her neck pain could be related to her job as a food server. Needle EMG could identify or confirm a suspected cervical radiculopathy. The previous denial of needle EMG was based on the fact that the neck issue was not work related. It is unclear from the patient file that the patient did not damage her neck during her work or as a consequence of her left shoulder injury.

NCV of bilateral upper extremities by [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition, 2004 Cervical Nerve Root Decompression, pages 261-262

Decision rationale: According to MTUS guidelines, nerve conduction study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms, page 261 when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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 three or four weeks>>. Nerve conduction study is useful to identify physiological insult and anatomical defect in case of neck pain page 262 In addition to her left shoulder pain, the patient developed neck pain that was resistant to different therapies. Her neck pain could be related to her job as a food server. Nerve conduction study could identify or confirm a suspected peripheral nerve damage. The previous denial of nerve conduction study was based on the fact that the neck issue was not work related. It is unclear from the patient file that the patient did not damage her neck during her work or as a consequence of her left shoulder injury

