Case Number:	CM13-0023210		
Date Assigned:	01/10/2014	**Date of Injury:**	06/04/2012
Decision Date:	03/19/2014	**UR Denial Date:**	09/03/2013
Priority:	Standard	**Application Received:**	09/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

The patient is a 54-year-old with date of injury on 06/04/2012. The progress report dated 07/30/2013 by [redacted], [redacted] indicates that the patient's diagnoses include: (1) Lumbosacral sprain/strain, (2) Lumbar disk syndrome without myelopathy, (3) Lumbosacral neuritis or radiculitis, (4) Cervicothoracic sprain/strain, (5) Neuritis or radiculitis NOS, (6) Shoulder pain, (7) Rotator cuff syndrome. The patient presented with neck pain and upper back pain with associated pain and tingling down the right arm to the whole hand. Exam findings indicated decreased range of motion of the cervical spine, positive foraminal compression test. Evaluation of the right shoulder indicated decreased range of motion. There is tenderness to the subacromial region and positive signs of impingement. Cervical MRI from 01/10/2013 showed multiple mild bulging disks between C4-C5, C5-C6, and C6-C7. A request was made for authorization of a neurodiagnostic study of the upper extremities. The utilization review letter dated 09/03/2013 issued non-certification of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

neurodiagnostic study of the upper extremeties: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The patient continues with neck pain and has associated pain and numbness in the right upper extremity. The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines states that EMG (electromyogram) and NCV (nerve conduction velocity testing)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. The ODG, regarding NCS studies for the cervical spine, states that there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The exam findings on 07/17/2013 by [redacted] show that the patient continued to have considerable neck pain, radiating down to the right upper extremity in the C6 and C7 distributions. Sensory exam indicated a decreased sensation along the C6 and C7 dermatomes on the right. The review of the reports show no evidence that this patient has had electrodiagnostics performed. The request for neurodiagnostic studies(such as EMG/NCV) for the upper extremities does appear to be supported by the guidelines noted above given the patient's radiating upper extremity symptoms. The request for a neurodiagnostic study of the upper extremeties is medically necessary and appropriate.