

Case Number:	CM13-0046774		
Date Assigned:	12/27/2013	Date of Injury:	09/28/2011
Decision Date:	06/04/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/01/2013

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:

The patient is an employee of [REDACTED] and has submitted a claim for cervical spine, right shoulder, right wrist and hand, and lumbar spine pain with an industrial injury date of September 28, 2011. Treatment to date has included medications, physical therapy, and acupuncture. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of constant severe cervical spine pain, which is increased with repetitive motion of the neck and keeping the neck on a fixed position for a short period of time, 7-8/10, and alleviated with rest and medications. The patient also complained of constant sharp right shoulder pain radiating to the right upper extremity, increased with repetitive use of the right upper extremity and working at and above the shoulder level, 7/10, alleviated by rest and medications. There was also constant sharp pain with numbness and tingling down the fingertips of the right hand, 6-7/10, alleviated also with rest and medications. There was also a complaint of constant sharp lumbar pain radiating down the lower extremities, which was increased with prolonged standing, walking, walking on uneven ground, bending, stooping, and heavy lifting. The patient also had moderate difficulty with self-care and personal hygiene, physical activities, and non-specialized hand activities. On physical examination, cervical spine range of motion was limited with spasm of the paraspinal musculature, trapezius, sternocleidomastoid, and strap muscles. Foraminal compression and Spurling's tests were positive. There was also limited movement of the right shoulder with positive impingement test and tenderness over the greater tuberosity of the right humerus. Right wrist range of motion was also limited with diminished sensation and positive Tinel's and Phalen's. Lumbar spine range of motion was also restricted with diminished sensation at the L5-S1 dermatomes. Straight leg raise test was positive bilaterally. Lasegue test was equivocal bilaterally. Utilization review from October 1, 2013 denied the request for NCV right upper extremity, EMG left upper extremity, NCV left upper

extremity, and EMG right upper extremity because the patient was not presented as having radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271,273,177-179. Decision based on Non-MTUS Citation ODG FOREARM, WRIST, AND HAND, (UPDATED 5/8/13), ELECTRODIAGNOSTIC STUDIES (EDS), AND ODG NECK AND UPPER BACK (UPDATED 5/14/13), ELECTROMYOGRAPGY (EMG) AND NERVE CONDUCTION STUDIES (NCV).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient had no complaints of radicular pain in the left upper extremity. Moreover, there were no physical examination findings of radiculopathy for the left upper extremity. Therefore, the request for EMG LEFT UPPER EXTREMITY is not medically necessary.

EMG RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273,177-179. Decision based on Non-MTUS Citation ODG FOREARM, WRIST, AND HAND, (UPDATED 5/8/13), ELECTRODIAGNOSTIC STUDIES (EDS), AND ODG NECK AND UPPER BACK (UPDATED 5/14/13), ELECTROMYOGRAPGY (EMG) AND NERVE CONDUCTION STUDIES (NCV).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. In this case, subjective complaints and physical exam findings of radiculopathy were noted at the right upper extremity. Therefore, the request for EMG RIGHT UPPER EXTREMITY is medically necessary.

NCV LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271,273-177-179. Decision based on Non-MTUS Citation ODG FOREARM, WRIST, AND HAND, (UPDATED 5/8/13), ELECTRODIAGNOSTIC STUDIES (EDS), AND ODG NECK AND UPPER BACK (UPDATED 5/14/13), ELECTROMYOGRAPGY (EMG) AND NERVE CONDUCTION (NCV).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK, NERVE CONDUCTION STUDIES (NCS).

Decision rationale: CA MTUS does not specifically address nerve conduction studies (NCS); however, the Official Disability Guidelines state that NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly radiculopathy. In this case, there was no EMG done showing equivocal findings of radiculopathy that will necessitate further diagnostic exam, i.e., NCV. Therefore, the request for NCV LEFT UPPER EXTREMITY is not medically necessary.

NCV RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273,177-179. Decision based on Non-MTUS Citation ODG FOREARM, WRIST, AND HAND, (UPDATED 5/8/13), ELECTRODIAGNOSTIC STUDIES (EDS), AND ODG NECK AND UPPER BACK (UPDATED 5/14/13), ELECTROMYOGRAPGY (EMG) AND NERVE CONDUCTION STUDIES (NCV).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK, NERVE CONDUCTION STUDIES (NCS).

Decision rationale: CA MTUS does not specifically address nerve conduction studies (NCS); however, the Official Disability Guidelines state that NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly radiculopathy. In this case, there was no EMG done showing equivocal findings of radiculopathy that will necessitate further diagnostic exam, i.e., NCV. Furthermore, symptoms and physical examination strongly suggest the presence of radiculopathy on the right upper extremity. Therefore, the request for NCV RIGHT UPPER EXTREMITY is not medically necessary.