

Case Number:	CM13-0048204		
Date Assigned:	12/27/2013	Date of Injury:	03/30/2012
Decision Date:	10/16/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopaedic Surgery 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:

This 50-year-old male deputy sheriff sustained an industrial injury on 3/30/12. Injuries occurred during a training session when he tripped and fell and another deputy landed on him. He felt an immediate onset of neck, back, and left shoulder pain. His left shoulder was dislocated and required relocation in the emergency department. He subsequently underwent left shoulder diagnostic arthroscopy with Bankart procedure on 6/1/12. On 12/13/12, he complained of pain, weakness, coldness, and tingling with numbness into his fingers and left arm and was diagnosed with possible reflex sympathetic dystrophy and was prescribed Neurontin. The 1/17/13 neurology progress report cited significant improvement in symptoms on Neurontin. The burning pain in his shoulder and arm had nearly resolved. He had occasional tingling in the left 4th and 5th digits. Physical exam documented positive Tinel's over the medial aspect of the elbow that elicited numbness symptoms at the 4th and 5th digits. The diagnosis was chronic post-traumatic neuralgia pain, possible reflex sympathetic dystrophy responding well to treatment with Neurontin, and left ulnar nerve irritation at the elbow. The upper extremity EMG/NCV was noted to be normal. The patient subsequently underwent revision left shoulder arthroscopy with lysis of adhesions and capsular release on 8/9/13 for a diagnosis of adhesive capsulitis. The 9/16/13 initial spinal surgery consult cited constant neck pain radiating to the shoulder with associated numbness and tingling and headaches, constant low back pain radiating to the buttocks, and constant left shoulder pain radiating down the arm to the elbow and hand. Cervical spine exam documented paravertebral muscle spasms, positive axial loading compression test, and generalized weakness and numbness most pronounced in the C4/5 and C5/6 roots and dermatomes. There were some overlapping upper extremity symptoms consistent with possible double crush syndrome. Lumbar spine exam documented pain and tenderness in the mid to distal lumbar segments. Standing flexion and extension were guarded and restricted with dysesthesia in

the lower extremities noted. Cervical spine radiographs revealed C4 to C6 spondylosis. Lumbar spine radiographs revealed L3 to S1 spondylosis with anterolisthesis of L5 on S1 and retrolisthesis of L4 on L5. The treatment plan recommended physical therapy 2x4, MRI of the cervical and lumbar spine, and EMG/NCV studies of the bilateral upper and lower extremities. The 10/21/13 utilization review approved the requests for cervical and lumbar spine MRIs. The request for bilateral upper and lower extremity EMG/NCV was denied pending the MRI results.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG 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): 178, 182.

Decision rationale: The California MTUS ACOEM guidelines state that EMG is not recommended for diagnosis of cervical nerve root involvement if findings or history, physical exam, and imaging study are consistent. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guideline criteria have not been met. There is no clear evidence of subtle neurologic dysfunction to support the medical necessity of electrodiagnostic studies at this time. A prior EMG/NCV study was within normal limits. A cervical MRI has been approved and electrodiagnostic studies are not indicated until findings are available. Therefore, this request is not medically necessary.

NCV 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): 178.

Decision rationale: The MTUS guidelines state that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The Official Disability Guidelines state there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Guideline criteria have not been met. There is no clear evidence of subtle neurologic dysfunction to support the medical necessity of electrodiagnostic studies at this time. A prior EMG/NCV study was within normal limits. A cervical MRI has been approved and

electrodiagnostic studies are not indicated until findings are available. Therefore, this request is not medically necessary.

EMG Of The Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 62-63.

Decision rationale: The California MTUS ACOEM guidelines state that EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. EMG is not recommended for clinically obvious radiculopathy or for patients with acute, subacute or chronic back pain who do not have significant leg pain or numbness. Electrodiagnostic studies are recommended when imaging is equivocal and there are on-going pain complaints that raise questions about whether there may be a neurologic compromise. Guideline criteria have not been met. There is no clinical evidence of subtle focal neurologic dysfunction to support the medical necessity of EMG prior to obtaining imaging. Therefore, this request is not medically necessary.

NCV Of The Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Nerve conduction studies (NCS).

Decision rationale: The California MTUS do not address the medical necessity of NCV (nerve conduction velocity) testing for low back complaints. The Official Disability Guidelines state that nerve conduction studies are not recommended in low back injuries. Guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Given the absence of guidelines support and pending lumbar MRI, this request is not medically necessary.