

Case Number:	CM13-0054435		
Date Assigned:	06/09/2014	Date of Injury:	04/05/2010
Decision Date:	07/14/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 a 55-year old-male with a work injury dated 4/5/2010. The diagnoses include cervical spondylosis with myelopathy, bursitis and a tendinitis of the right shoulder, partial tear of rotator cuff tendon, piriformis syndrome, anxiety, sleep disorder. Under consideration is a request for electromyography (EMG) of the left upper extremity (LUE), EMG of the right upper extremity (RUE), nerve conduction velocity (NCV) of the RUE and NCV of the LUE. X-rays of the cervical spine dated 01/30/13 were performed. The actual studies were not available, only the report. This study demonstrates mild disk space narrowing with a small anterior osteophyte at the C5-6 level. Per 7/16/13 pain management documentation there is an MRI (magnetic resonance imaging) of the cervical spine showing mild to moderate disc desiccation with 2 mm disc bulge C5-6, 2. mm disc bulge C6-7 and cervical facet arthropathy. This patient presents with axial pain. He has no subjective complaints of tingling and numbness in the RUE. He has no neurological findings. There is some slight tenderness over the lower cervical facets and over the trapezial area which may warrant cervical facet blocks at C6-7 but following a long discussion of options of treatment, this gentleman at this juncture would like to just continue the conservative care program. The 7/16/13 document states that the patient has radiating/shooting pain, numbness or tingling sensations in his right shoulder. He has developed weakness in his right arm since this injury. There is a 10/1/13 primary treating physician progress report that states that the patient complained of constant moderate cervical spine pain that was described as aching, burning and sharp. The pain was aggravated by typing, driving and turning his head. The patient reported that the pain was over the right side of the neck and radiated to the right clavicle. There were complaints of frequent slight to moderate right shoulder pain that the patient described as aching. This pain was aggravated by typing and prolonged use of the right

arm. The patient reported that the pain occasionally radiated to the right side of the clavicle. The patient has intermittent hip pain, anxiety and insomnia. On examination there was plus two spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral suboccipital muscles and right upper shoulder muscles. There was a trigger point to the right sternocleidomastoid muscle. Distraction test was positive bilaterally. Shoulder depression test was positive on right. Adson's and Phalen's were negative. The right triceps reflex was decreased. There was plus two spasm and tenderness to the right rotator cuff muscles and right upper trapezius. Speeds test was positive on the right. Supraspinatus test was positive on the right. There was minus two, spasm and tenderness to the left gluteus medius and piriformis muscles. Fabere's test was positive on the left. Freiberg's test was positive on the left. The treatment plan included medication management, acupuncture, EMG/NCS to determine if there is any nerve damage to cervical nerve roots or upper extremity nerves due to entrapment to be the case for the patient's symptoms, and muscle interferential stimulator. The patient was working with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008), Chapter 9), pgs. 561-563, Table 9-6: Summary of Recommendations, and Non-MTUS: Official Disability Guidelines (ODG), Neck and Upper Back, EMG.

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

Decision rationale: The request for electromyography of the left upper extremity (LUE) is not medically necessary per the MTUS/ ACOEM guidelines. The guidelines state that 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. The documentation submitted reveals that the patient's extremity complaints are primarily in the right arm. There is no left upper extremity objective or subjective findings. Therefore, the request for electromyography of the LUE is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008), Chapter 9), pgs. 561-563, Table 9-6: Summary of Recommendations, and Non-MTUS: Official Disability Guidelines (ODG), Neck and Upper Back, NCS.

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

Decision rationale: The request for nerve conduction velocity (NCV) of the right upper extremity (RUE) is medically necessary per the MTUS/ ACOEM guidelines. The guidelines state that 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. The documentation submitted reveals that the patient has right upper extremity complaints. The 7/16/13 document states that the patient has radiating/shooting pain, numbness or tingling sensations in his right shoulder. He has developed weakness in his right arm since this injury. There is an absent triceps reflex. H-reflexes are considered part of the nerve conduction velocity. Therefore, the request for nerve conduction velocity (NCV) of the RUE is medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008), Chapter 9), pgs. 561-563, Table 9-6: Summary of Recommendations, and Non-MTUS: Official Disability Guidelines (ODG), Neck and Upper Back, NCS.

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

Decision rationale: The request for nerve conduction velocity (NCV) of the left upper extremity (LUE) is not medically necessary per the MTUS/ ACOEM guidelines. The guidelines state that 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. The documentation submitted reveals that the patient's extremity complaints are primarily in the right arm. There is no left upper extremity objective or subjective findings. Therefore, the request for nerve conduction velocity (NCV) of the LUE is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008), Chapter 9), pgs. 561-563, Table 9-6: Summary of Recommendations, and Non-MTUS: Official Disability Guidelines (ODG), Neck and Upper Back, EMG.

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

Decision rationale: The request for electromyography (EMG) of the right upper extremity (RUE) is medically necessary per the MTUS/ACOEM guidelines. The guidelines state that 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. The documentation submitted reveals that the patient has right upper extremity complaints. The 7/16/13 document states that the patient has radiating/shooting pain, numbness or tingling sensations in his right shoulder. He has developed weakness in his right arm since this injury. There is an absent triceps reflex. Therefore, the request for electromyography (EMG) of the right upper extremity (RUE) is medically necessary.