

Case Number:	CM13-0054662		
Date Assigned:	12/30/2013	Date of Injury:	12/14/2000
Decision Date:	04/09/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/19/2013

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; Pain Management has a subspecialty in Interventional Spine 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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior cervical fusion surgery; a shoulder corticosteroid injection; transfer of care to and from various providers in various specialties; MRI imaging of the shoulder of June 25, 2013, notable for chronic tears of the supraspinatus, infraspinatus, subscapularis, and labrum with associated degenerative changes; MRI imaging of the cervical spine of August 30, 2013 notable for evidence of a prior cervical fusion with multilevel neuroforaminal stenosis and spinal cord stenosis, described as severe at various levels with evidence of degenerative disk disease at other levels; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of November 14, 2013, the claims administrator denied a request for nerve conduction studies and EMG testing of the upper extremities, citing non-MTUS-ODG Guidelines, although the MTUS does address the topic. The claims administrator reportedly took exception to some of the attending provider's documentation. In a progress note of July 12, 2013, the applicant is described as having persistent neck and shoulder pain. The neck pain radiates to the bilateral upper extremities, right and left. The applicant is losing strength in hands and dropping objects, it is further noted. The applicant has diminished sensorium in both hands, it is further noted. The applicant underwent a shoulder corticosteroid injection in the clinic and was asked to consider a shoulder rotator cuff repair surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Nerve Conduction, Amplitude and Latency/Velocity study, each nerve; motor, without F-wave: Upheld

Claims Administrator 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), Neck and Upper Back (Acute & Chronic).

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

Decision rationale: Again, while the MTUS Guideline in ACOEM Chapter 8, page 178 does support EMG or NCV testing to help identify subtle, focal neurologic dysfunction in applicants with persistent neck and/or arm pain complaints, in this case, the applicant already carries an established diagnosis of cervical radiculopathy status post cervical fusion surgery. Repeat MRI imaging does demonstrate multilevel neuroforaminal stenosis, spinal stenosis which corroborates the applicant's residual radicular complaints. NCV testing to search for subtle neurologic dysfunction was, by definition, superfluous. Therefore, the request is not certified, on independent medical review.

6 Nerve Conduction, Amplitude and Latency/Velocity study, each nerve sensory: Upheld

Claims Administrator 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), Neck and Upper Back (Acute & Chronic).

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

Decision rationale: Again, while the MTUS Guideline in ACOEM Chapter 8, page 178 does support NCV testing to search for subtle, focal neurologic dysfunction, in this case, the applicant already carries a diagnosis of clinically overt, radiographically confirmed cervical radiculopathy status post cervical fusion surgery. NCV testing was, by definition, superfluous. Therefore, the request is retrospectively not certified, on independent medical review.

1 Needle Electromyography; 2 Extremities with or without related paraspinal areas: Upheld

Claims Administrator 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), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guideline in Chapter 8, page 182, EMG testing to establish a diagnosis of nerve root involvement and findings of history, physical exam, and imaging study are consistent is "not recommended." In this case, as noted previously,

the applicant already has clinically evident radiculopathy with neck pain radiating to the bilateral upper extremities. The applicant is numb about the digits. The applicant has MRI imaging consistent with a diagnosis of radiculopathy status post earlier fusion surgery. Therefore, the proposed EMG testing is retrospectively not certified, on independent medical review.

4 Nerve Conduction, Amplitude and Latency/Velocity study: Upheld

Claims Administrator 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), Neck and Upper Back (Acute & Chronic).

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

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178, do state that EMG and/or NCV testing may help "identify" subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both which lasts greater than three to four weeks, in this case, the applicant already carries an established diagnosis of cervical radiculopathy status cervical fusion surgery. The applicant has evidence of residual multilevel neuroforaminal stenosis/spinal stenosis on recent MRI imaging of the cervical spine of August 30, 2013. Thus, NCV testing was superfluous here as the diagnosis of cervical radiculopathy has already been established. NCV testing to search for subtle neurological dysfunction was not indicated as the applicant already has clinically overt, radiographically confirmed cervical radiculopathy. Therefore, the request is retrospectively not certified, on independent medical review.