

Case Number:	CM13-0070289		
Date Assigned:	02/05/2014	Date of Injury:	07/15/2008
Decision Date:	05/27/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 & Rehabilitation, 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 53 year-old female sustained an injury on 7/15/08 to her neck and right shoulder while employed by [REDACTED]. Requests under consideration included **ELECTROMYOGRAM (EMG) OF THE BILATERAL UPPER EXTREMITIES** and **NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE BILATERAL UPPER EXTREMITIES**. Diagnoses include cervicalgia/ radiculopathy of the upper extremity. Conservative care has included physical therapy (at least 18 sessions), right carpal tunnel release in 2008, shoulder arthroscopy in 2010, TENS unit, multiple cervical epidural steroid injections at C4-5, C5-6, and C6-7 last performed on 1/13/13 and 6/13/13. Previous diagnostics include MRI of the cervical spine and Electrodiagnostics Final Determination Letter for IMR Case Number CM13-0070289 3 of bilateral upper extremities in 2011. The patient remained temporarily totally disabled. Report of 11/21/13 from the provider noted patient with continued complaints of pain and soreness in the neck with aching pain down both extremities. Exam showed minimum tenderness at the base of the neck and medial scapula border; symmetrical DTRs 1+bilaterally; negative shoulder impingement sign; and no sensory changes or evidence of motor weakness in both upper extremities. The requests for EMG and NCV of bilateral upper extremities were non-certified on 12/6/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This employee sustained an injury on 7/15/08 to the neck and right shoulder while employed by [REDACTED]. Requests under consideration included ELECTROMYOGRAM (EMG) OF THE BILATERAL UPPER EXTREMITIES and NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE BILATERAL UPPER EXTREMITIES. Diagnoses include cervicgia/ radiculopathy of the upper extremity. Conservative care has included physical therapy (at least 18 sessions), right carpal tunnel release in 2008, shoulder arthroscopy in 2010, TENS unit, multiple cervical epidural steroid injections at C4-5, C5-6, and C6-7 last performed on 1/13/13 and 6/13/13. Previous diagnostics include MRI of the cervical spine and Electrodiagnostics of bilateral upper extremities in 2011. The employee remained temporarily totally disabled. Report of 11/21/13 from the provider noted the employee with continued complaints of pain and soreness in the neck with aching pain down both extremities. Exam showed minimum tenderness at the base of the neck and medial scapula border; symmetrical DTRs 1+bilaterally; negative shoulder impingement sign; and no sensory changes or evidence of motor weakness in both upper extremities. The employee has established diagnosis of cervical radiculopathy with multiple recent cervical epidural steroid injections performed. Additionally, current submitted reports have not adequately demonstrated any clinical findings of neurological deficits with intact sensory and motor exams suggestive of cervical radiculopathy or entrapment syndrome. There are also no identified new injuries, acute flare-up or red-flag conditions with changed chronic symptoms and clinical findings to support repeating the electrodiagnostic study. The ELECTROMYOGRAM (EMG) OF THE BILATERAL UPPER EXTREMITIES is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NVC) STUDY OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The employee has established diagnosis of cervical radiculopathy with multiple recent cervical epidural steroid injections performed. Additionally, current submitted reports have not adequately demonstrated any clinical findings of neurological deficits with intact sensory and motor exams suggestive of cervical radiculopathy, neuropathy, or entrapment syndrome. There are also no identified new injuries, acute flare-up or red-flag conditions with changed chronic symptoms and clinical findings to support repeating the electrodiagnostic study. The NERVE CONDUCTION VELOCITY (NVC) STUDY OF THE BILATERAL UPPER EXTREMITIES is not medically necessary and appropriate.

