

Case Number:	CM13-0070935		
Date Assigned:	01/08/2014	Date of Injury:	05/11/2011
Decision Date:	06/02/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 43 year female who was injured on 5/11/2011. The diagnoses listed are neck pain, bilateral upper extremities pain and shoulder pain. The patient had completed PT, cervical epidural steroid injections and right shoulder arthroscopy. The neck pain is associated with numbness and tingling sensations of the fingers. The MRI showed tendinopathy and AC DJD of the right shoulder and C6-C7 disc bulge of the cervical spine. [REDACTED] documented objective finding of decreased motor strength and forearm muscle atrophy on 11/14/2013. The electrodiagnostic studies done by [REDACTED] on 12/19/2013 did not show cervical radiculopathy. The median and ulnar nerve tests were normal. The medications listed are Anaprox for pain and Protonix for prevention and treatment of NSAID associated gastritis. A Utilization Review was rendered of 12/13/2013 recommending non certification of bilateral EMG and bilateral NCS of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neurodiagnostic Studies.

Decision rationale: The CA MTUS and the ODG addressed the use of EMG in the evaluation of chronic neck and upper extremity pain. The tests are used to clarify the existence of radiculopathy when the clinical signs are inconclusive. The tests can be used to distinguish causes of neuromuscular deficits. [REDACTED] documented unremarkable Spurling's and upper extremities nerves tests. The cervical spine MRI did not show evidence of nerves entrapment that could lead to EMG abnormalities. The electrodiagnostic evaluation test done on 12/19/2013 did not show any neck or upper extremity neuromuscular abnormality.

NERVE CONDUCTION STUDIES (NCS) BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS / ACOEM addressed the use of NCS in the evaluation of chronic neck and upper extremity pain. The tests are used to clarify the existence of radiculopathy when the clinical signs are inconclusive. The test can be used to distinguish different types of radiculopathy and neuropathy. The cervical spine MRI did not show significant nerve entrapment that could lead to neurological test abnormalities. [REDACTED] documented unremarkable Spurling's and upper extremities nerves tests. On 11/14/2013, [REDACTED] [REDACTED] documented objective findings of decreased muscle strength and decreased sensation of the upper extremities but the electrodiagnostic tests done on 12/19/2013 did show normal nerves and muscle functions with no radiculopathy.