

Case Number:	CM13-0071388		
Date Assigned:	01/08/2014	Date of Injury:	06/14/2013
Decision Date:	05/30/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/27/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 60-year-old male with a 6/14/13 date of injury. At the time (12/4/13) of request for authorization for EMG/NCV study bilateral upper extremities and MRI cervical spine, there is documentation of subjective (neck pain, pain radiating to shoulders, bilateral shoulder pain, bilateral wrist pain and hand pain on the palm and topside, pain radiating to the forearms, and pain in the bilateral thumbs, index, and middle fingers) and objective (cervical spine tenderness to palpation, bilateral shoulder decreased range of motion, and 4-/5 muscle strength shoulder abductors and flexors) findings, current diagnoses (frozen shoulder/adhesive capsulitis and carpal tunnel syndrome), and treatment to date (medications). Regarding the requested EMG/NCV study bilateral upper extremities, there is no documentation of failure of conservative treatment and that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Regarding the requested MRI cervical spine, there is no documentation of plain film radiograph findings and failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV STUDY BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, EDS Section.

Decision rationale: The California ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. The Official Disability Guidelines (ODG) identifies that EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of frozen shoulder/adhesive capsulitis and carpal tunnel syndrome. In addition, there is documentation of subjective/objective findings consistent with possible radiculopathy/nerve entrapment. However, there is no documentation of failure of conservative treatment. In addition, given documentation of a subsequent request for a cervical spine MRI at the time of the requested EMG/NCV, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV study bilateral upper extremities is not medically necessary.

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Spine Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

Decision rationale: The California ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnoses of frozen shoulder/adhesive capsulitis and carpal tunnel syndrome. In addition, there is documentation of neurologic findings on physical examination of neurologic dysfunction. However, there is no documentation of plain film radiograph findings and failure of conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for MRI cervical spine is not medically necessary.