

Case Number:	CM14-0005678		
Date Assigned:	02/05/2014	Date of Injury:	04/06/2010
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine, has a subspecialty in Emergency 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 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:

The claimant injured her back and right shoulder on 04/06/10 when she was carrying heavy trays and tripped and fell. She was diagnosed with cervical discopathy with right upper extremity radiculopathy, cervicogenic headaches, lumbar myoligamentous injury and right lower actually radicular symptoms. She also has medication-induced gastritis and shoulder impingement status post decompression. She has had medications and physical therapy. An MRI on 06/07/13 revealed degenerative disc disease with disc protrusions throughout the cervical spine, most significant at C4-5 and C5-6 and foraminal narrowing and facet and uncovertebral joint hypertrophy. On 10/21/13, the claimant underwent electrodiagnostic studies of the upper extremities which were normal. At that time she had decreased range of motion and tenderness of the cervical spine with negative Spurling's and Tinel's, negative carpal tunnel compression test and motor limited by pain at least against gravity on the right and full strength in the left upper extremity. Sensation was grossly intact to light touch. She reported neck pain radiating to her right arm and hand with numbness and tingling. She had a pain management consultation on 11/18/13 and still had cervical spine pain radiating down the shoulder and arm. She was taking Naprosyn, Tylenol, and tramadol. She was unresponsive to medication and PT. Examination revealed tenderness about the neck and shoulder with multiple trigger points and taut bands and decreased range of motion. She had decreased right triceps and brachioradialis reflexes but good strength. She had decreased grip strength on the right compared to the left and decreased sensation along the right posterolateral arm and lateral forearm. She had received trigger point injections with greater than 50% pain relief but had continued radicular symptoms. A diagnostic ESI was recommended at C5-6 and an EMG was recommended. Since the physical findings suggest cervical radiculopathy while the imaging study does not, an EMG was recommended to clarify the diagnosis and guide treatment. She has predominantly right-sided

complaints. [REDACTED] recommended a diagnostic ESI and electrodiagnostic studies of the upper and lower extremities were also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8,

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

Decision rationale: The history and documentation do not objectively support the request for a repeat EMG of the upper extremities. The California MTUS Chapter 8 states "Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure." Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. Also, Chapter 11, Table 11-6 states "electrodiagnostic studies may be recommended for the evaluation of carpal tunnel syndrome." The claimant had an EMG on 10/21/13 and also has already had an MRI of the cervical spine. It is not clear why a repeat EMG is needed to guide treatment. It is not needed to determine medical necessity of an imaging study as an MRI has already been done. The employee has chronic complaints but there is no documentation of new symptoms or new findings of neurologic impairment to support repeat studies. The medical necessity of this request has not been clearly demonstrated.