

Case Number:	CM14-0012498		
Date Assigned:	02/21/2014	Date of Injury:	11/06/2010
Decision Date:	07/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/30/2014

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 Management and is licensed to practice in Tennessee. 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 34-year-old female who has submitted a claim for neck strain with possible left C7-8 radiculitis, low back strain with paroxysmal left sciatic, and status post left shoulder arthroscopy associated with an industrial injury date of November 6, 2010. Medical records from 2011 to 2014 were reviewed. The patient complained of intermittent neck pain with radiation, numbness, and tingling to the left upper extremity; constant left-sided lower back pain with radiation to the left lower extremity; and intermittent pain, weakness, cracking, and popping sensation on the left shoulder. Physical examination showed tenderness on the left acromioclavicular joint, paravertebral, and supraspinatus; restricted cervical spine, left shoulder, and lumbar spine ROM. There was +/- shoulder impingement on the left, +/- decreased sensation on the left C8 area, +/- tenderness on the left buttock, and 1+ patellar and Achilles reflexes bilaterally. Straight leg raise test was positive on the left at 70 degrees for radicular pain. MRI of the left shoulder done September 12, 2011 showed partial tear/fibrillation and irregularity on the joint surface of the distal supraspinatus tendon 1cm from its attachment. Treatment to date has included activity modification, NSAIDs, anticonvulsants, muscle relaxants, chiropractic sessions, acupuncture, physical therapy, and left shoulder arthroscopy (12/5/11). Utilization review from January 23, 2014 certified the request for EMG of the lower extremities. The requests for EMG/NCV of the upper extremities and NCV of the lower extremities were denied because the medical records do not show significant neurologic dysfunction on examination. The request for MRI left shoulder was denied because the exam revealed positive findings but not significantly worsened. No documentation of conservative care to the left shoulder was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible radiculopathy on the left upper extremity. However, physical examination findings on the left upper extremity are insufficient to support a case of radiculopathy. In addition, there were no subjective complaints and physical examination findings consistent with radiculopathy on the right upper extremity. Performing an EMG for the unaffected right upper extremity is not medically necessary. Therefore, the request for EMG of the upper extremities is not medically necessary.

NCV OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK CHAPTER, NERVE CONDUCTION STUDIES (NCS) 2014.

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible radiculopathy on the left upper extremity, which persisted despite physical therapy. Physical examination findings are not compatible with neuropathy. In addition, there were no subjective complaints and physical examination findings consistent with neuropathy on the right upper extremity. Performing a NCV for the unaffected right upper extremity is not medically necessary. Therefore, the request for NCV of the upper extremities is not medically necessary.

EMG OF THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, patient's symptoms strongly indicate radiculopathy corroborated by positive straight leg raise test and hyporeflexia at the left. However, there were no comprehensive physical examination findings pertaining to the right lower extremity which may likewise indicate presence of radiculopathy. Moreover, previous utilization review determination, dated January 23, 2014, has already certified this request. Therefore, the request for EMG of the lower extremities is not medically necessary.

NCV OF THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, NERVE CONDUCTION STUDIES 2014.

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. In addition, there were no reports of possible neuropathy on the lower extremities. Physical examination findings are not compatible with neuropathy. Therefore, the request for NCV of the lower extremities is not medically necessary.

MRI LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic Resonance Imaging (MRI) section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208-209.

Decision rationale: As stated on pages 208-209 of the ACOEM Guidelines referenced by the CA MTUS states that criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In this case, the patient a MRI of the left shoulder done September 12, 2011 showed partial tear/fibrillation and irregularity on the joint surface of the distal supraspinatus tendon 1cm from its attachment. Recent progress notes do not show evidence of red flag findings, active inflammation, and neurologic dysfunction. There were no reports of significant changes and progression of symptoms to warrant a repeat MRI. Therefore, the request for MRI left shoulder is not medically necessary.