

<b>Case Number:</b>	CM14-0013449		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/17/2004
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Orthopedic Surgery 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:

Patient is a 42-year-old female who has submitted a claim for lumbar radiculitis, cervical disc herniation / discogenic disease, major depressive disorder, generalized anxiety disorder, female hypoactive sexual desire, and pain disorder associated with an industrial injury date of 09/17/2004. Medical records from 2012 to 2013 were reviewed. Patient complained of neck pain radiating to bilateral shoulders associated with weakness, tingling and numbness sensation. Patient likewise reported sleep difficulty, depression, anxiety, and social withdrawal. Physical examination of the cervical spine showed tenderness, muscle spasm, and painful range of motion. Spurling's sign was positive on the right. Motor strength of right deltoids and right biceps was graded 4/5. Sensation was diminished at the lateral forearm, bilaterally. Mental status examination showed a tearful patient. EMG/NCV of bilateral upper / lower extremities on 12/12/2013 was unremarkable. Treatment to date has included right shoulder arthroscopy, physical therapy, acupuncture, epidural injections, cognitive psychotherapy, and medications. Utilization review from 01/02/2014 denied the requests for psychiatric evaluation and medical clearance because the planned surgery had been non-certified; and denied EMG/NCV of upper extremities pending outcome of the certified cervical MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Section Page(s): 100-101.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient reported sleep difficulty, depression, anxiety, and social withdrawal. The most recent mental status examination showed a tearful patient. Patient was last seen by a psychiatrist on 10/11/2013 with recommendations to start cognitive psychotherapy and medications such as Wellbutrin and topamax. There was no documented indication as to why another psychologist is needed is needed when there is ongoing psychological treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for psychiatric evaluation is not medically necessary.

**Medical clearance for possible surgical intervention:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient has known comorbidities of diabetes, asthma, GERD, and fatty liver. Progress reports from 2012 cited that patient was on metformin and insulin therapy. However, medical records submitted and reviewed failed to provide information on the exact surgical intervention being planned, and if authorization has been given. The medical necessity cannot be established due to insufficient information. Approval of medical clearance is dependent on certification of surgical procedure. Therefore, the request for medical clearance for possible surgical intervention is not medically necessary.

**EMG of upper extremities qty: 2.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 8 Neck and Upper Back Complaints, page 537.

**Decision rationale:** ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of neck pain radiating to bilateral shoulders associated with weakness, tingling and numbness sensation. Physical examination showed positive Spurling's sign at the right, weak right deltoids and biceps, and diminished sensation at lateral forearm, bilaterally. Clinical manifestations are consistent with focal neurologic deficit at the right; hence EMG is a reasonable option. However, there is no sufficient evidence of neurologic dysfunction at the left arm to warrant an EMG. Moreover, EMG/NCV was already accomplished on 12/12/2013 with unremarkable results. There is no documented rationale for a repeat EMG at this time. Therefore, the request for EMG of the upper extremities is not medically necessary.

**NCV of 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, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Nerve Conduction Studies Section.

**Decision rationale:** CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. In this case, patient complained of neck pain radiating to bilateral shoulders associated with weakness, tingling and numbness sensation. Physical examination showed positive Spurling's sign at the right, weak right deltoids and biceps, and diminished sensation at lateral forearm, bilaterally. Clinical manifestations are consistent with focal neurologic deficit at the right; hence NCV is not warranted. On the other hand, NCV is a reasonable option at the left arm given that patient complained of numbness and tingling sensation without evidence of a focal neurologic deficit. However, EMG/NCV was already accomplished on 12/12/2013 with unremarkable results. There is no documented rationale for a repeat NCV at this time. Therefore, the request for NCV of the upper extremities is not medically necessary.