

Case Number:	CM14-0111630		
Date Assigned:	08/01/2014	Date of Injury:	12/03/2013
Decision Date:	10/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/17/2014

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:

This is a 55-year-old female with a 12/3/13 date of injury. The mechanism of injury occurred as a result of prolonged and repetitive clerical duties in a non-ergonomic work station. According to the provider's first report of occupational injury dated 5/14/14, the patient complained of neck pain and stiffness with pain, numbness and tingling extending down the bilateral upper extremities to the fingertips of all fingers. She also complained of bilateral shoulder pain and stiffness, bilateral elbow, forearm, wrist and hand pain with numbness and tingling in all of the fingers. Objective findings: tenderness to palpation with muscle guarding over the cervical paravertebral musculature and upper trapezius muscles, antalgic gait, tenderness to palpation present over elbows, restricted ROM of elbows and bilateral shoulders, sensation to pinprick and light touch in bilateral upper extremities decreased. Cervical spine x-rays revealed complete straightening of the cervical lordosis consistent with the physical examination findings of cervical paravertebral muscle guarding and tenderness to palpation, spondylosis with vertebral body bony spurring at the C6-C7 greater than the C5-C6 level. Diagnostic impression, cervical spine musculoligamentous sprain/strain with C6-C7 greater than C5-C6 spondylosis and vertebral body bony spurring, bilateral shoulder periscapular strain, bilateral forearm and wrist flexor and extensor tenosynovitis, bilateral elbow epicondylitis, bilateral upper extremity elbow cubital tunnel syndrome and wrist carpal tunnel syndrome. Treatment to date: medication management, activity modification. A UR decision dated 6/23/14 denied the requests for EMG/NCV bilateral upper extremities and X-Ray of the cervical (Retro). Regarding EMG/NCV, no conservative treatment is documented. There is no suspicion of radiculopathy and objective findings of radiculopathy noted. Regarding X-Ray Cervical (Retro), there was no evidence of cervical trauma but cervical X-Rays were obtained on initial visit in the absence of

any "red flag" findings. Guidelines do not recommend cervical X-Rays for evaluation of cubital tunnel or carpal tunnel symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, Chronic Pain Treatment Guidelines Elbow disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. There is no documentation that the patient has failed conservative therapy. In fact, in the same UR decision dated 6/23/14, an initial trial of physical therapy was certified. The guidelines only support EMG/NCS in the setting of symptoms that have not responded to conservative treatment. Therefore, the request for EMG/NCV Bilateral Upper Extremities was not medically necessary.

X-Ray of the Cervical Retro: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 179-180, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. There is no documentation that the patient has failed conservative therapy. The patient has not had any cervical spine trauma. She has no specific point tenderness over the cervical vertebrae. She is not documented to have failed to progress in a strengthening program. In addition, she has generalized body pain to bilateral shoulders, elbows, forearms, and wrists that is not localized to any specific location nor following any specific neurological pattern. Furthermore, there is no documentation of the date of service being requested for this retrospective request. Since the date of service is not indicated, this request cannot be substantiated. Therefore, the request for X-Ray of the Cervical Retro was not medically necessary.

