

Case Number:	CM14-0132694		
Date Assigned:	08/22/2014	Date of Injury:	02/02/2009
Decision Date:	09/18/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/19/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 62 year-old with a reported date of injury of 02/02/2009. The patient has the diagnoses of status post anterior cervical decompression and fusion at C5/5 and C5/6, persistent shoulder pain and left upper extremity pain. Past treatment modalities have included surgical intervention. Per the progress report by the secondary and requesting physician dated 07/11/2014, the patient had complaints of constant neck pain that was rated a 7/10 with radiation to the left upper arm and associated numbness and tingling. Physical exam noted decreased range of motion of the left upper extremity with patchy decreased sensation, numbness and tingling. MRI of the cervical spine dated 05/16/2014 showed no central canal stenosis, no neural foraminal stenosis. Treatment recommendations included referral for adhesive capsulitis and EMG/NCV of the upper extremities to rule out peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG, right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 78.

Decision rationale: The ACOEM chapter on neck and upper back complaints states the following: 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The provided documentation and progress note from the requesting physician makes no mention of neurologic compromise or neurologic deficits of the right upper extremity. The patient states the pain radiates to the right side of the mid back. The physical exam however only makes mention of deficits on the left upper extremity and fails to address any such deficit /finding on the right upper extremity. For these reason the requested service is not medically necessary.

NCV, right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 78.

Decision rationale: The ACOEM chapter on neck and upper back complaints states the following: 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or

anatomically with symptoms. The provided documentation and progress note from the requesting physician makes no mention of neurologic compromise or neurologic deficits of the right upper extremity. The patient states the pain radiates to the right side of the mid back. The physical exam however only makes mention of deficits on the left upper extremity and fails to address any such deficit /finding on the right upper extremity. For these reason the requested service is not medically necessary.