

Case Number:	CM14-0179691		
Date Assigned:	11/04/2014	Date of Injury:	08/14/2003
Decision Date:	12/10/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/29/2014

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 Georgia. 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 53-year-old male presenting with a work-related injury on August 14, 2003. On October 6, 2014 the patient presented with pain in the left shoulder associated with limited function. The patient also reported increasing pain in the back with occasional radiation to the left arm. The pain was rated a 5/10. On physical exam the patient had mild antalgic gait without the by, decreased range of motion of the left shoulder on abduction and internal rotation due to pain, moderate tenderness over the left acromial area; surgical scar over the lumbar spine, with improved range of motion in all planes but still with pain and flexion, moderate tenderness throughout the lumbosacral spine and paraspinal with paralumbar muscle spasm, cervical spine with decreased range of motion in flexion, tenderness of the posterior cervical paraspinals; decreased light touch sensation in the S1 distribution, positive straight leg raise bilaterally, and positive left shoulder impingement test. MRI of the left shoulder revealed tendinitis of the supraspinatus, infraspinatus and subscapularis tendon and degenerative changes. The patient's medications included Norco, Trazodone, Tizanidine, and Colace. The patient was diagnosed with other affections of shoulder region, not elsewhere classified - cervicalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity (NCV) study Left Upper Extremity.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremity Complaints, Treatment Considerations

Decision rationale: Nerve conduction velocity (NCV) study Left Upper Extremity is not medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Electromyography (EMG), NCS including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The physical exam was not indicative of a radiculitis and there was no confirmation with the MRI. There is no indication for NCV left upper extremity; therefore the request is not medically necessary.

Electromyography (EMG) Left Upper Extremity x 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremity Complaints, Treatment Consideration

Decision rationale: Electromyography (EMG) Left Upper Extremity x 2 is not medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Electromyography (EMG), NCS including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The physical exam was not indicative of a radiculitis and there was no confirmation with the MRI. There is no indication for an EMG of the left upper extremity x 2; therefore the request is not medically necessary.