

Case Number:	CM14-0023250		
Date Assigned:	05/14/2014	Date of Injury:	11/14/2013
Decision Date:	07/10/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/24/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Evaluation notes dated 01/15/14 reported injury to neck, right shoulder and right arm which is described as pinching pain with severe tingling in the right arm and hand. Examination reported decreased reflexes bilaterally with numbness of right side of face and left deviation of tongue. Strength is reduced in both upper extremities. There was global hypoesthesia of the right arm. There were spasms of the cervical spine. There was positive hoffman's, Romberg, spurling, Jackson, and cervical compression tests. 1/15/14 MRI of the cervical spine reported multilevel DJD of the cervical spine with central canal stenosis at C3-4 and C4-5, and straightening of the cervical lordosis. 1/23/14 MRI of right shoulder notes mild to moderate rotator cuff tendinosis, mild subacromial subdeltoid bursitis and scarring and degeneration of the superior labrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY (NCV) OF CERVICAL SPINE, RIGHT SHOULDER: 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 And Upper Back.

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- electrodiagnostic studies.

Decision rationale: The insured has physical findings consistent with radiculopathy. Confirmation by further testing is not supported as the diagnosis can be made clinically. The medical records do not indicate how additional testing of NCV will modify or result in different treatment. ODG guidelines support Nerve Conduction Velocity (NCV)/Electromyography (EMG) may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. The medical records provided for review do not support any consideration by the treating physician for such conditions.

ELECTROMYOGRAPHY (EMG) OF CERVICAL SPINE, RIGHT SHOULDER: 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) Neck and upper back- electrodiagnostic studies.

Decision rationale: The insured has physical findings consistent with radiculopathy. Confirmation by further testing is not supported as the diagnosis can be made clinically. The medical records do not indicate how additional testing of EMG will modify or result in different treatment. ODG guidelines support Nerve Conduction Velocity (NCV)/Electromyography (EMG) may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. The medical records provided for review do not support any consideration by the treating physician for such conditions.