

Case Number:	CM14-0027621		
Date Assigned:	06/13/2014	Date of Injury:	01/12/2012
Decision Date:	07/21/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/04/2014

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain associated with an industrial injury of January 12, 2012. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and unspecified amounts of physical therapy over the course of the claim. A January 23, 2014 progress note is notable for comments that the applicant reported persistent shoulder pain and headaches. The applicant exhibited decreased range of motion and a positive Spurling maneuver about the cervical spine. The applicant was given diagnoses of cervical strain versus radiculopathy, shoulder strain versus impingement syndrome, insomnia, and headaches. Electrodiagnostic testing was sought. It was stated that MRI of the cervical spine was being ordered to establish the presence of discogenic pathology. MRI of the right shoulder was ordered to evaluate cartilaginous defects of the shoulder. MRI of the brain was also endorsed. The applicant was placed off of work, on total temporary disability. Naprosyn, Prilosec, tramadol, Ambien, Flexeril, and Fioricet were endorsed. In an earlier note of December 12, 2013, it was stated that the applicant has last worked in December 2012, one year prior. The applicant was described as reporting 8/10 neck pain radiating to the back on this occasion. The applicant was having issues with anxiety, depression, psychological stress, and headaches, it was further noted. A neurology consultation, MRI imaging of cervical spine, MRI imaging of the shoulder, and electrodiagnostic testing of the bilateral upper extremities was sought. It was stated that the applicant had earlier had MRI imaging of the head, shoulder, and neck through another clinic, the results of which were unknown. The applicant did exhibit diminished strength about the right upper extremity, although it was unclear whether this was a function of pain or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) LEFT UPPER EXTREMITY: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the ACOEM guidelines, EMG testing is not recommended for diagnosis of nerve root involvement if findings on history, physical exam, and imaging study are consistent. In this case, the applicant has had earlier MRI of cervical spine, the results of which are unknown and/or have not been reported by the attending provider. These results, if positive, could potentially obviate the need for the proposed EMG testing being sought here. It is further noted that the attending provider has not specifically described any complaints of neck pain radiating to the bilateral arms in a pattern consistent with a cervical radiculopathy on either recent progress note attached. Therefore, the request is not medically necessary.

ELECTROMYOGRAPHY (EMG) RIGHT UPPER EXTREMITY: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the ACOEM guidelines, EMG testing is not recommended for diagnosis of nerve root involvement if findings on history, physical exam, and imaging study are consistent. In this case, the applicant has had earlier MRI of cervical spine, the results of which are unknown and/or have not been reported by the attending provider. These results, if positive, could potentially obviate the need for the proposed EMG testing being sought here. It is further noted that the attending provider has not specifically described any complaints of neck pain radiating to the bilateral arms in a pattern consistent with a cervical radiculopathy on either recent progress note attached. Therefore, the request is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) LEFT UPPER EXTREMITY: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: While the ACOEM guidelines acknowledge that NCV testing can help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms, or both, which last beyond three to four weeks, in this case, the attending provider has not specifically reported complaints of neck pain radiating to the arms on either recent progress note of December 12, 2013 or January 23, 2014. It appears, furthermore, that the applicant's principal area of complaint is the right shoulder. It is further noted that the applicant's multifocal shoulder, neck, and back complaints superimposed on anxiety, depression, headaches, and insomnia, taken together, argue against any subtle, focal neurologic dysfunction pertaining to the left upper extremity for which NCV testing would be indicated. The attending provider has not, furthermore, described any complaints of neck pain radiating to the left arm on either progress note provided. Therefore, the request is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) RIGHT UPPER EXTREMITY: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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