

Case Number:	CM14-0029798		
Date Assigned:	06/11/2014	Date of Injury:	12/07/2007
Decision Date:	07/23/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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:

Patient is a 33 year-old female with date of injury 12/07/2007. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 12/11/2013, lists subjective complaints as persistent and constant pain in the upper left and right extremities radiating down to the hands and fingers. She claims numbness and tingling in the fourth and fifth digits, especially in the morning. Objective findings: Examination of the cervical spine revealed decreased range of motion with muscle spasms to the trapezius muscles bilaterally. There was also tenderness to the paraspinal muscles. Examination of the shoulders revealed decreased range of motion and impingement bilaterally. There was acromioclavicular joint tenderness bilaterally and decreased strength bilaterally of 4/5 in the C5, C6, and C7 myotomes with decreased sensation bilaterally in the C5, C6, and C7 dermatomes. Diagnosis: 1. Diffuse musculoskeletal myofascial pain 2. Psychiatric issues 3. Weight gain. Mention is made in several of the medical records of a negative cervical MRI, but the report does not seem to be included.

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 RIGHT UPPER EXTREMITY:

Overtuned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS states that 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 medical record fails to document radicular-type arm symptoms. However, the diagnosis is still in question and is complicated by the fact that 3 cervical nerve roots appear to be affected. Mention is also made by one of the providers that the patient may be suffering from an ulnar neuropathy, which must be differentiated from a C8 radiculopathy. The cervical MRI is reported to be negative. Nerve conduction studies of the right upper extremity are medically necessary.

ELECTROMYOGRAPHY (EMG) OF LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back.

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

Decision rationale: The MTUS states that 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 medical record fails to document radicular-type arm symptoms. However, the diagnosis is still in question and is complicated by the fact that 3 cervical nerve roots appear to be affected. Mention is also made by one of the providers that the patient may be suffering from an ulnar neuropathy, which must be differentiated from a C8 radiculopathy. The cervical MRI is reported to be negative. EMG studies of the left upper extremity are medically necessary.

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