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| Case Number: | CM14-0049772 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 05/16/2012 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 04/07/2014 |
| Priority: | Standard | Application Received: | 04/17/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 47-year-old male who reported an injury on 05/16/2012. The mechanism of injury was repetitive lifting over an 8 hour shift. The injured worker's diagnoses included cervical disc disease, cervical radiculopathy, left shoulder rotator cuff tear, lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. Previous treatments included physical therapy, chiropractic therapy, acupuncture, and medications. Diagnostic studies included an MRI of the cervical spine on 11/12/2013 with noted impression of C4-5 and C5-6 broad-based disc protrusion that abuts the thecal sac, C6-7 central focal disc protrusion that abuts the thecal sac and straightening of the cervical lordosis, which may be due to myospasm; no other significant abnormalities were noted. Additional diagnostic studies include an MRI of the left shoulder which was performed on 11/12/2013. The injured worker reported no prior surgeries. It was noted within the clinical note dated 02/11/2014 the patient complained of pain in the cervical spine which the injured worker rated 7/10. The documentation noted physical examination of the cervical spine revealed moderate cervical paraspinous muscle tenderness and spasms extending to both the trapezii. The injured worker had positive bilateral Spurling's sign and axial head compression tests. There was facet tenderness at C4-7. Cervical range of motion testing revealed left flexion was 20/30, extension was 50/60, lateral flexion was 30/30, and lateral rotation was 70/70. The injured worker's medications included tramadol ER 150 mg (twice a day), Motrin 800 mg (twice a day), Protonix 20 mg (daily), Fexmid 7.5 mg (3 times a day), and Advil. The dosage and frequency of Advil was not provided in the medical records submitted for review. The provider requested electrodiagnostic studies of the left upper extremity. The rationale for the requested treatment plan was not provided in the medical records submitted for review. The Request for Authorization form was not provided in the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic studies of the left upper extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for Electrodiagnostic studies of the left upper extremities is not medically necessary. The injured worker has a history of cervical and lumbar spine pain. The documentation provided noted the injured worker has participated in physical therapy, acupuncture, and received chiropractic treatments. The California MTUS/ACOEM state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms and most patients improve quickly, provided any red-flag conditions are ruled out. 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 documentation provided noted decreased cervical range of motion; however, the documentation did not indicate any significant functional deficits. The documentation provided also did not indicate any radiating pain into the left upper extremity from the cervical spine. The documentation noted the injured worker had a positive Spurling's bilaterally; however, the provider did not indicate the injured worker has objective findings which would need to be clarified with electrodiagnostic studies. The request does not specify whether EMG and NCV are both being requested; however, NCV is not necessary in the detection of radiculopathy. As such, the request for Electrodiagnostic studies of the left upper extremities is not medically necessary.