MAXIMUS Federal Services

Case Number:	CM14-0018957		
Date Assigned:	04/23/2014	Date of Injury:	12/18/2013
Decision Date:	04/08/2015	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43-year-old who has filed a claim for shoulder, neck, mid back, and low back pain reportedly associated with an industrial injury of December 18, 2013. In a Utilization Review Report dated January 17, 2014, the claims administrator failed to approve request for electrodiagnostic testing of the cervical spine. A progress note of January 10, 2014 was referenced in the determination. In January 10, 2014 progress note, somewhat blurred as result of repetitive photocopying, the applicant reported having completed three of six sessions of previously approved physical therapy. Moderate-to-severe pain complaints were noted. The applicant's primary pain generator appeared to be the shoulder, with ancillary pain complaints of mid back pain, neck pain, and low back pain evident. The applicant was given shoulder corticosteroid injection in the clinic. Lodine, Norflex, a sling, and topical applications of heat and cold were endorsed. Electrodiagnostic testing was endorsed to search for an alleged cervical radiculopathy. The attending provider reiterated that the applicant's pain was severe and allegedly incapacitating.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG Neck and Upper Back (updated 12/16/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: No, the request for nerve conduction testing of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that electrical studies may be indicated in cases of suspected peripheral nerve impingement in applicants in whom no improvement or worsening has occurred within four to six weeks, in this case, however, the request in question was initiated on or around the three-week mark of the stated date of injury, December 18, 2013. There was no mention of conservative treatment having been attempted and/or failed. The applicant's response to shoulder corticosteroid injection was not clearly detailed. The applicant had yet to complete three of six sessions of physical therapy previously authorized on or around the date in question. It is further noted that the applicant's presentation was seemingly consistent with mechanical shoulder pain complaints for which the applicant received a shoulder corticosteroid injections as opposed to peripheral nerve impingement for which electrodiagnostic testing could have been considered. Therefore, the request was not medically necessary.

EMG Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG Neck and Upper Back (updated 12/16/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: Similarly, the request of EMG testing of the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, EMG or NCV studies as part of a shoulder evaluation for usual diagnoses is deemed "not recommended." Here, the applicant's primary pain generator did, in fact, appear to be the shoulder, i.e., a body part for which electrodiagnostic testing is not usually recommended. The applicant received a shoulder corticosteroid injection on or around the date of the request, i.e., on January 10, 2014. The applicant's presentation, thus, was more consistent with mechanical shoulder pain as opposed to an upper extremity radicular or neuropathic process for which EMG testing would have been indicated. The attending provider's documentation of January 10, 2014, furthermore, was highly templated and did not set forth a clear or compelling rationale for the test in question. Therefore, the request was not medically necessary.