

Case Number:	CM14-0133073		
Date Assigned:	09/19/2014	Date of Injury:	04/18/2013
Decision Date:	01/30/2015	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/20/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 45-year-old female with date of injury of 04/18/2013. The listed diagnoses from 07/15/2014 are: 1. Left hand pain. 2. Lateral epicondylitis of the right elbow. 3. Sprain and strain of the unspecified site of the right shoulder and upper arm. 4. Sprain of the lumbosacral joint/ligament. 5. Sprain of the thoracic region. 6. Mononeuritis of the upper limb, unspecified. 7. Cervicalgia. 8. Chronic pain syndrome. 9. Low back pain. 10. Myalgia. 11. Depression. According to this report, the patient complains of right upper extremity, neck, midback, and low back pain. She does report neck tightness and headaches. The patient states that chiropractic treatment has helped decrease the pain in the neck and diminished her headaches. She reports neck and low back pain that is constant aching with occasional burning. The patient reports continued numbness on the upper half of her buttocks into her left foot. She also has numbness into her right upper extremity and fingers. The patient states that her right elbow pain is a throbbing pain with shooting pains. She rates her pain 9/10 to 10/10 without medication and 3/10 to 4/10 with medication. The patient has utilized medications, ice, TPIs, and physical therapy. The examination shows the patient's gait is antalgic. Strength in the upper extremity is 5-/5 secondary to significant thoracic pain. Sensation is diminished along the right C6-C7 dermatome. DTRs are 1+ and symmetric. Spurling's sign is negative, but elicits pain. Tenderness over the cervical spinals and posterolateral muscle spasms that move into her mid thoracic and bilateral upper track region. Significant thoracic, paraspinal spasms, and tightness appreciated with pain reproducible. Tenderness over the facet joints at C5-C6, C6-C7, T4 through T10. Trigger point tenderness noted at T6-T7 bilaterally. Range of motion in the thoracic and cervical spine is reduced in all planes. The treater noted an MRI of the cervical

spine from 07/03/2014 that showed negative study. The treatment reports from 04/19/2013 to 12/08/2014 were provided for review. The Utilization Review denied the request on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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-Treatment for Worker's Compensation, Online Edition Chapter: Neck and Upper Back Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 14 Ankle and Foot Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on EMG/NCS.

Decision rationale: This patient presents with right upper extremity, neck, mid-back, and low back pain. The physician is requesting an EMG of the left upper extremity. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, the ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The records do not show any prior EMG of the left upper extremity. The examination from the August 2014 progress report showed the exact same findings from the 07/15/2014 report. There are no left upper extremity findings noted on examination. There are no reports of radicular symptoms to the left upper extremity. In this case, this patient does not present with any symptoms in the left upper extremity that would suggest peripheral neuropathy. The request is not medically necessary.

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-Treatment for Worker's Compensation, Online Edition Chapter: Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on EMG/NCS

Decision rationale: This patient presents with right upper extremity, neck, mid-back, and low back pain. The physician is requesting an NCV of the left upper extremity. The ACOEM guidelines, page 262, on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, the ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the

addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The records do not show any prior NCV of the left upper extremity. The examination from the August 2014 progress report showed the exact same findings from the 07/15/2014 report. There are no left upper extremity findings noted on examination. There are no reports of radicular symptoms to the left upper extremity. In this case, this patient does not present with any symptoms in the left upper extremity that would suggest peripheral neuropathy. The request is not medically necessary.

NCV right 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-Treatment for Worker's Compensation, Online Edition Chapter: Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on EMG/NCS

Decision rationale: This patient presents with right upper extremity, neck, mid-back, and low back pain. The physician is requesting an NCV of the right upper extremity. The ACOEM guidelines, page 262, on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, the ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The records do not show any previous NCV of the right upper extremity. The examination from 08/08/2014 also showed numbness in her right upper extremity and fingers with right elbow pain that is throbbing with shooting pains. Sensation is diminished along the right C6-C7 dermatome. There is tenderness over the facet joints at C5-C6, C6-C7, and T4 through T10. There is diffused pain mainly in the right elbow and forearm with muscle tightness appreciated. In this case, the patient does present with significant right upper extremity symptoms and an NCV is supported by the ACOEM and ODG Guidelines. The request is medically necessary.

EMG right 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-Treatment for Worker's Compensation, Online Edition Chapter: Neck and Upper Back Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on EMG/NCS.

Decision rationale: This patient presents with right upper extremity, neck, mid-back, and low back pain. The physician is requesting an EMG of the right upper extremity. The ACOEM guidelines, page 262, on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, the ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The records do not show any previous EMG of the right upper extremity. The examination from 08/08/2014 also showed numbness in her right upper extremity and fingers with right elbow pain that is throbbing with shooting pains. Sensation is diminished along the right C6-C7 dermatome. There is tenderness over the facet joints at C5-C6, C6-C7, T4 through T10. There is diffused pain mainly in the right elbow and forearm with muscle tightness appreciated. In this case, the patient does present with significant right upper extremity symptoms and an EMG is supported by the ACOEM and ODG Guidelines. The request is medically necessary.