

Case Number:	CM14-0172954		
Date Assigned:	10/23/2014	Date of Injury:	06/16/2004
Decision Date:	01/15/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 53 year old female with a reported industrial injury on June 16, 2004, the Utilization records report the injury occurred when the injured worker was lifting a bar and felt pain in the shoulder region. The injured worker was seen on August 25, 2014 by her primary physician with complaints of being chronically symptomatic, complaints of pain in the cervical spine extending mostly to the posterior left shoulder and down the left arm to the thumb region. There are also complaints in the left posterior thigh with radiation down to the left foot in the pain diagram. Physical exam of the cervical spine reveals there is a posterior surgical scar in the cervical spine, the range of motion is diminished. There is hyperreflexia in the clinical examination neurologically on the left. Previous treatments and diagnostic testing, per the notes read by the primary physician on August 25, 2014 included, a positive Magnetic resonance imaging (MRI) with multi-level disc degeneration on May 23, 2005, Magnetic resonance imaging (MRI) on May 23, 2005 of the left shoulder, showing bicipital tendon fluid, consistent with bicipital tenosynovitis, probable impingement. Findings with humeral head cystic change, marginal clearance between the acromion and humeral head with no definitive rotator cuff tear. On September 9, 2005 a computed tomography (CT) scan was done of the cervical spine showing osteoarthritic ridging C2 through C6 and a protrusion of C5-6. An MRI of the Cervical Spine was repeated on October 22, 2010 showing underlying multi-level disc degeneration, cord compression C3-C4 and C4-C5 most severe at C3-C4 with anterior/posterior compression, posterior disc protrusion at C5-C6. On November 24, 2010 the injured worker had a Laminoplasty with arthrodesis C3-C5 also hemilaminectomy C2 and C6. February 13, 2012 a electromyogram (EMG) was done to the left lower extremity and was consistent with left S1 radiculopathy, by H-reflex, plus mild generalized sensorimotor polyneuropathy. On October 24, 2013 a follow up X-ray of the cervical spine was done with a solid fusion of C4-5, disc

degeneration of C5-6, and C6-7, reversal of the cervical lordosis and evidence of large laminectomy with metal placement posteriorly C3, C4 and C5. A repeat EMG was done of the bilateral upper extremities on July 31, 2013 which was abnormal, right C7 and C8 radiculopathy. The provider did not indicate what treatment the injured worker is currently on nor what the diagnosis of the injured worker is. On October 6, 2014 the primary physician requested EMG of the left and right upper extremity and nerve conduction study (NCV) of the left and right upper extremity. On October 9, 2014 the utilization Review non-certified the request for the EMG/NCV of the left and right upper extremities. They based their decision on The Utilization Review denial was based on the California Medical treatment utilization schedule (MTUS) guidelines, American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the 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, Neck & Upper Back (updated 8/4/14), Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, the patient has a history of spinal surgery and electrodiagnostic testing was done in 2013 revealing radiculopathy at C7 and C8 on the right. There is no indication of any new or progressive symptoms and/or findings to warrant the need for repeating studies that were already positive. In the absence of such documentation, the currently requested EMG is not medically necessary.

EMG of the 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, Neck & Upper Back (updated 8/4/14), Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, the patient has a history of spinal surgery and electrodiagnostic testing was done in 2013 revealing radiculopathy at C7 and C8 on the right. There is no indication of any new or progressive symptoms and/or findings to warrant the need for repeating studies that were already positive. In the absence of such documentation, the currently requested EMG is not medically necessary.

NCV of the 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, Neck & Upper Back (updated 8/4/14), Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for NCV, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, the patient has a history of spinal surgery and electrodiagnostic testing was done in 2013 revealing radiculopathy at C7 and C8 on the right. There is no indication of any new or progressive symptoms and/or findings to warrant the need for repeating studies that were already positive. In the absence of such documentation, the currently requested NCV is not medically necessary.

NCV of the 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, Neck & Upper Back (updated 8/4/14), Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for NCV, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, the patient has a history of spinal surgery and electrodiagnostic testing was done in 2013 revealing radiculopathy at C7 and C8 on the right. There is no indication of any new or progressive symptoms and/or findings to warrant the need for repeating studies that were already positive. In the absence of such documentation, the currently requested NCV is not medically necessary.