

Case Number:	CM14-0191605		
Date Assigned:	11/24/2014	Date of Injury:	12/05/2012
Decision Date:	08/24/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/14/2014

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: California

Certification(s)/Specialty: Family Practice

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 54 year old female who sustained an industrial injury on 12/05/2012. Mechanism of injury occurred while working at a counter and developed right wrist pain using a walking cane. Diagnoses include lumbago, cervicgia, sprain of the ankle and shoulder region disease. Treatment to date has included diagnostic studies, medications, Toradol injections, DepoMedrol injections, and Vitamin B 12 injections. Magnetic Resonance Imaging of the lumbar spine done on 04/01/2014 showed multiple levels of disc protrusion/bulge with some areas of nerve root compromise/exiting. A physician progress note dated 10/09/2014 documents the injured worker has constant pain in the cervical spine, and it is characterized as sharp, and pain radiates into the upper extremities. There is tenderness to palpation and loading compression test and Spurling's maneuver is positive. She has headaches that are migrainous in nature as well as tension between shoulder blades. She rates the pain as 8 out of 10. There is tenderness around the anterior glenohumeral region and the subacromial space. Hawkins and impingement signs are positive. Rotator cuff function is painful. She has constant low back pain that is sharp and pain radiates into both lower extremities, and the pain is worsening. There is palpable tenderness at the paravertebral muscles with spasm, and seated nerve root test was positive. Range of motion is restricted and painful. She rates the pain as 9 out of 10 on the pain scale. She also has bilateral ankle and foot pain that she describes as throbbing and worsening. This pain is rated as 8 out of 10 on the pain scale. There is tenderness over the anterior portion of the ankle. There is pain with inversion and eversion of the ankle which are full. She developed bilateral elbow pain while working at the counter. She developed right hip and leg

pain due to limping and developed right wrist pain due to using a walking cane. With this visit the injured worker received an intra-articular injection of 2 cc Celestone with 3cc of Lidocaine and 3cc of Marcaine to the right shoulder. The treatment plan includes medications refills, she is pending acupuncture treatments, a referral to a foot/ankle specialist, aqua therapy, elbow sleeve, and she is pending authorization for a Magnetic Resonance Imaging of the bilateral knees, right shoulder, and right ankle and pending authorization for lumbar spine epidural injection, and PLIF (posterior lumbar interbody fusion). Treatment requested is for EMG of Left Upper Extremity, EMG of Right Upper Extremity, NCV of Left Upper Extremity, and NCV of Right Upper Extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of 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 (ODG), Neck and Upper Back, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-178.

Decision rationale: According to the CA MTUS ACOEM guidelines, 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. Most patients improve quickly, provided any red flag conditions are ruled out. It also states that "physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The medical records do not establish evidence of clinical findings on examination which would cause concern for radiculopathy stemming from the cervical spine or a peripheral neuropathy in the upper extremities. The request for EMG of Left Upper Extremity is not medically necessary and appropriate.

NCV of 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 (ODG), Neck and Upper Back, Nerve Conduction Studies (NCV).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-178.

Decision rationale: According to the CA MTUS ACOEM guidelines, 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. Most patients improve quickly, provided any red flag conditions are ruled out. It also states that

"physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The medical records do not establish evidence of clinical findings on examination which would cause concern for radiculopathy stemming from the cervical spine or a peripheral neuropathy in the upper extremities. The request for NCV of Left Upper Extremity is not medically necessary and appropriate.

NCV of 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 (ODG), Neck and Upper Back, Nerve Conduction Studies (NCV).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-178.

Decision rationale: According to the CA MTUS ACOEM guidelines, 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. Most patients improve quickly, provided any red flag conditions are ruled out. It also states that "physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The medical records do not establish evidence of clinical findings on examination which would cause concern for radiculopathy stemming from the cervical spine or a peripheral neuropathy in the upper extremities. The request for NCV of Right Upper Extremity is not medically necessary and appropriate.

EMG of 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 (ODG), Neck and Upper Back, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-178.

Decision rationale: According to the CA MTUS ACOEM guidelines, 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. Most patients improve quickly, provided any red flag conditions are ruled out. It also states that "physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The medical records do not establish evidence of clinical findings on examination which would cause concern for radiculopathy stemming from the cervical spine or a peripheral neuropathy in the upper extremities. The request for EMG of Right Upper Extremity is not medically necessary and appropriate.

