MAXIMUS Federal Services

Case Number:	CM14-0204486		
Date Assigned:	12/16/2014	Date of Injury:	02/12/2013
Decision Date:	02/06/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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 64 year old male with the injury date of 02/12/13. Per physician's report 11/04/14, the patient has low back pain and left shoulder pain at 4-8/10. His left shoulder pain is radiating down his left arm with electric shooting, tingling or numbing sensations. The patient has had 3-5 physical therapy without any help. The patient saw a spine surgeon who felt conservative management was appropriate. The patient had bilateral hand surgeries in 2008 and 2010. The patient is taking Advil, Ibuprofen and Lisinopril. MRI of the left shoulder 05/08/14 shows 1) supra and infraspinatus and subscapularis tendinosis with intrasubstance tearing involving the posterior aspect of the distal supraspinatus tendon at its footprint and the high fibers of the subscapularis tendon 2) atrophy of the dorsal aspect of the teres minor muscle without a discrete mass 3) an apparent complex tear involving the posterior labrum. MRI of the lumbar 05/08/14 shows 1) multi-level deteriorative disc level changes, greatest involving the T11-12 level with slight to more moderate disc space narrowing 2) an upper right lumbar rotator scoliosis 3) slight increased lumbosacral angulation, without significant facet deteriorative changes and/or joint fluid. MRI of the cervical spine 05/08/14 shows 1) C5-6 and C6-7 deteriorative disc level changes with disc space narrowing 2) 2-3mm posterior subluxation of C4 on C5 . X-ray of the cervical spine was done on 05/08/14. Per 09/23/14 progress report, the patient was "recommended nonsurgical treatment including steroid injections and medication management based on the MRI." Per 08/18/14 progress report, the diagnosis is left cervical radiculopathy, neuritis NOS. The utilization review determination being challenged is dated on 11/26/14. Treatments report were provided from 08/18/14 to 11/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of left upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition (2004), Chapter 8, page 178 Online Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Electromyography (EMG).

Decision rationale: The patient presents with pain and weakness in his neck, left shoulder and left arm. The request is for EMG/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, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities (NCV) 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. ACOEM guidelines Ch11 page 262 states that "tests may be repeated later in the course of treatment if symptoms persist."Per 09/23/14 progress report, after reviewing MRIs and X-ray of the cervical spine and the left shoulder from 05/08/14, the treating physician states that "his primary problem is likely related to cervical radiculitis, impingement of the nerve roots of C5-6, which is most consistent with his pattern of pain. I don't think he has any true intrinsic shoulder pathology, although he may have some mild inflammation. I certainly don't think he needs surgery for his shoulder for the time being." The patient presents with left upper extremity symptoms and the patient has not had EMG/NCV in the past. The requested EMG/NCV of the left extremity IS medically necessary.