

Case Number:	CM14-0206292		
Date Assigned:	12/18/2014	Date of Injury:	07/26/2013
Decision Date:	02/12/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/09/2014

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 Family Practice 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:

This is a 65 years old male patient who sustained an injury on 7/26/2013. He sustained the injury when he slipped carrying a heavy tray. The current diagnoses include cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms, right greater than left; bilateral shoulder impingement syndrome with partial right rotator cuff tear with arthroscopy in 2012; lumbar spine myoligamentous injury with bilateral lower extremity radicular symptoms, right greater than left; chronic bilateral thumb and wrist arthritis and plantar fasciitis; and medication-induced gastritis. Per the doctor's note dated 11/19/2014, he had complaints of low back pain with radiation to both lower extremities; right shoulder pain. The physical examination revealed tenderness, multiple trigger points and taut bands over the cervical spine, restricted cervical spine and bilateral shoulder range of motion (ROM), 2+ Deep tendon reflexes in the bilateral upper and lower extremities, 5/5 motor testing in the bilateral upper and lower extremities, except for 4/5 at the ankle extension (L5) and great toe extension (L5) bilaterally, decreased sensation along the posterior lateral arm and lateral forearm on the right and dorsum of the hand and lateral calf bilaterally, right greater than left; tenderness in the lumbar paravertebralmusculature and sciatic notch region, trigger points and taut bands with tenderness throughout, lumbar spine ROM restricted to flexion 45 degrees, extension 15 degrees, and bilateral lateral bend 20 degrees, positive straight leg raise in the modified seating position bilaterally at 60 degrees with radicular symptoms; tenderness to palpation in the plantar fascia region bilaterally, left greater than right. The medications list includes Norco 10/325mg, Anaprox DS 550mg, Doral 15mg and Prilosec 20mg. He has had an MRI of the lumbar spine dated 6/21/14 which revealed an L5-S1 3mm disc bulge with associated facet arthropathy; all L4-5 6.3mm central disc protrusion with annular tear and an L3-4 3.5mm disc bulge; a cervical spine MRI dated 7/21/14 which revealed degenerative disc disease with moderate central spinal

stenosis most significant at C5-6 with an extruded disc, a 3mm disc protrusion at C5-6 and C6-7 with a posterior annular tear; left shoulder MRI on 7/21/14 which revealed moderate impingement syndrome with tendinosis of the rotator cuff and moderate acromioclavicular joint hypertrophy; a right shoulder MRI on 7/21/14 which revealed mild impingement syndrome with tendinosis of the rotator cuff with a partial rotator cuff tear; Electromyogram (EMG) study of the lower extremities on 10/16/14 revealed acute right L5 radiculopathy. He has undergone lumbar epidural steroid injection on 11/24/14 and right arm lipoma removal in 2013. He has had physical therapy, injections to shoulders and left foot, and trigger point injection for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical EMG upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: Per the ACOEM chapter 9 guidelines, "Electromyography (EMG), and nerve conduction velocities (NCV), 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." She has had multiple diagnostic studies including a cervical spine MRI dated 7/21/14 which revealed degenerative disc disease with moderate central spinal stenosis most significant at C5-6 with an extruded disc, a 3mm disc protrusion at C5-6 and C6-7 with a posterior annular tear. Per the records provided patient had neck pain with radicular symptoms. Physical examination revealed tenderness, decreased range of motion of cervical spine and decreased sensation along the posterior lateral arm and lateral forearm on the right and dorsum of the hand. The request of cervical EMG upper extremities is medically necessary and appropriate for this patient to diagnose or rule out cervical radiculopathy and to differentiate it from peripheral neuropathy.