

Case Number:	CM14-0208808		
Date Assigned:	12/22/2014	Date of Injury:	01/31/2006
Decision Date:	02/18/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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: Texas, 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:

This is a 57 year old male patient who sustained a work related injury on 1/31/06 Patient sustained the injury due to cumulative trauma The current diagnoses include lumbago, and right shoulder impingement syndrome Per the doctor's note dated 11/19/14, patient has complaints of pain in the neck and low back 8-9/10; the pain in the lower back radiates to right lower extremity and numbness in his right leg. He had weakness in both arms and hands He sometimes uses a cane for walking. The pain gets worse with activity and relieved with rest Physical examination of the lumbar region revealed tenderness on palpation, limited range of motion and positive SLR, decreased sensation in the L4-5 distribution, 5/5 strength and 2+ reflexes Physical examination of the cervical region was not specified in the records provided Per the doctor's note dated 10/28/14 patient had complaints of pain in the right elbow that was radiating in the arm, with numbness and tingling sensation and weakness in the right arm Physical examination of the UE revealed normal ROM, no tenderness on palpation, negative Tinel and Phalen,s sign, negative Finkelstein sign and positive elbow flexion test on right, and diminished sensation in the ulnar nerve distribution bilaterally and 5/5 strength Per the note dated 6/17/14 he had neck pain radiating to bilateral shoulder, bilateral shoulder pain, low back pain radiating to right lower extremity Physical examination of the cervical region revealed tenderness on palpation and positive O' Donoghue sign The current medication lists include tramadol, Naproxen and Hydrocodone The patient has had MRI of the lumbar region on 6/27/14 that revealed disc bulging with foraminal narrowing and central canal stenosis; MRI of the cervical spine on 10/20/14 that revealed disc bulging with foraminal narrowing; MRI and X-ray of the bilateral shoulder that

revealed osteoarthritis and supraspinatus tendinitis. The patient had received neck injections for this injury. The patient has received an unspecified number of PT, chiropractic and acupuncture visits for this injury. He has had a urine drug toxicology report on 11/3/14 that was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) for the right upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter (Acute and Chronic)

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

Decision rationale: Per ACOEM Chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks... 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... 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." Per the doctor's note dated 11/19/14, patient has complaints of pain in the neck 8-9/10; per the doctor's note dated 10/28/14, patient had complaints of pain in the right elbow that was radiating in the arm with numbness and tingling sensation and weakness in the right arm. Physical examination of the upper extremity (UE) revealed positive elbow flexion test on right, and diminished sensation in the ulnar nerve distribution bilaterally. The patient has had MRI of the cervical spine on 10/20/14 that revealed disc bulging with foraminal narrowing. The patient had received neck injections for this injury. The patient has neck, shoulder and right hand pain along with neurological symptoms and diminished sensation in the right upper extremity. The patient could have cervical radiculopathy or peripheral neuropathy. It is necessary to do electrodiagnostic studies to find out the exact cause of the neurological symptoms in the right upper extremity. The request for EMG (electromyography) for the right upper extremity is medically appropriate and necessary for this patient at this time.

EMG (electromyography) for the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter (Acute and Chronic)

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

Decision rationale: Per ACOEM Chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks... 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... 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." A detailed physical examination of the left upper extremity was not specified in the records provided. Detailed history and duration of signs/symptoms of the tingling and numbness in the left upper extremity was not specified in the records provided. There was no objective evidence of significant radicular signs or symptoms in the left upper extremity that are specified in the records provided. The medical records provided did not specify significant consistent objective evidence of left upper extremity neurological dysfunction. The patient has received an unspecified number of physical therapy (PT), chiropractic and acupuncture visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. In addition, it is noted in the records that the patient's pain was relieved with rest. The medical necessity of the request for EMG (electromyography) for the left upper extremity is not fully established for this patient.

NCV (nerve conduction velocity) for the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: Per ACOEM Chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks... 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... 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." A detailed physical examination of the left upper extremity was not specified in the records provided. Detailed history and duration of signs/symptoms of the tingling and numbness in the left upper extremity was not specified in the records provided. There was no objective evidence of significant radicular signs or symptoms in the left upper extremity that are specified in the records provided. The medical records provided did not specify significant consistent objective evidence of left upper extremity neurological dysfunction. The patient has received an unspecified number of PT, chiropractic and acupuncture visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to

a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. In addition, it is noted in the records that the patient's pain was relieved with rest. The medical necessity of the request for NCV (nerve conduction velocity) for the left upper extremity is not fully established for this patient.

NCV (nerve conduction velocity) for the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: Per ACOEM Chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks... 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... 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." Per the doctor's note dated 11/19/14, patient has complaints of pain in the neck 8-9/10; per the doctor's note dated 10/28/14, patient had complaints of pain in the right elbow that was radiating in the arm with numbness and tingling sensation and weakness in the right arm. Physical examination of the UE revealed positive elbow flexion test on right, and diminished sensation in the ulnar nerve distribution bilaterally. The patient has had a MRI of the cervical spine on 10/20/14 that revealed disc bulging with foraminal narrowing; the patient had received neck injections for this injury. The patient has neck, shoulder and right hand pain along with neurological symptoms and diminished sensation in the right upper extremity. The patient could have cervical radiculopathy or peripheral neuropathy. It is necessary to do electro-diagnostic studies to find out the exact cause of the neurological symptoms in the right upper extremity. The request for NCV (nerve conduction velocity) for the right upper extremity is medically appropriate and necessary for this patient at this time.