

Case Number:	CM14-0209425		
Date Assigned:	12/22/2014	Date of Injury:	03/01/2010
Decision Date:	02/19/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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: Physical Medicine & Rehabn

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 patient is a 61 year old female with a date of injury of 3/1/10. According to progress report dated 11/4/14, the patient presents with constant neck pain that radiates down the left arm. Examination of the cervical spine revealed left trapezius tenderness and stiff range of motion. Spurling's test is negative and sensation is intact in the upper extremities. Examination of the left shoulder revealed tenderness in the left trapezius and diffuse left shoulder tenderness. Active range of motion is 120 degrees. Examination of the left elbow revealed left antecubital tenderness. Range of motion is 0-140 degrees. There is slight hypesthesia along the ulnar nerve. The patient is status post C4-5 epidural steroid injection on 5/29/14. The listed diagnoses are: 1. Elbow arthralgias 2. Cervicalgia 3. Cervical radiculitis 4. Bicipital Tenosynovitis 5. Thoracic spine arthralgias 6. Impingement/Bursitis shoulder 7. Shoulder sprain/strain rotator cuff 8. Cervical myofascial pain MRI of the cervical spine from 5/29/14 revealed mild to moderate central stenosis at C4-5. There is a 3mm right disk/endplate osteophyte complex at C5-6 and 1.5mm disk protrusion at C6-7. The patient is temporarily totally disabled for six weeks. Treatment plan was for home heat/ice, topical ointment, home exercise program, OTC anti-inflammatory, neurologic consultation and EMG/NCV of the cervical spine and left upper extremity to rule-out radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Cervical Spine and 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 guidelines, chapter 7, page 127, Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical chapter: Electromyography (EMG).

Decision rationale: This patient presents with constant neck pain that radiates down the left arm. The current request is for EMG of the cervical spine and left upper extremity. The Utilization review denied the request stating that the neurological consultation has been approved and EMG/NCV should be deferred to the recommendation of the consulting neurologist. For EMG of the upper extremities, the ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines Online, Cervical chapter: Electromyography (EMG) state that EMG is recommended as an option in selected cases. There is no prior EMG testing found in the medical records provided. The patient has continued complaints of radiating pain into the left upper extremity, and the treating physician is requesting an EMG to establish the presence of radiculopathy. The requested left upper extremity EMG is medically necessary.

NCV of the Cervical Spine and 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 guidelines, chapter 7, page 127, Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) chapter, Electrical stimulation Electrodiagnostic studies (EDS).

Decision rationale: This patient presents with constant neck pain that radiates down the left arm. The current request is for NCV of the cervical spine and left upper extremity. The Utilization review denied the request stating that the neurological consultation has been approved and EMG/NCV should be deferred to the recommendation of the consulting neurologist. For NCV of the bilateral upper extremities, the ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines has the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." There are no prior NCV testing provided in the medical file. In this case, the patient continues with left upper extremities symptoms. The NCV testing for further investigation is medically necessary.

