

Case Number:	CM15-0001299		
Date Assigned:	01/12/2015	Date of Injury:	06/22/2000
Decision Date:	03/13/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male was injured 6/22/00 when he lifted a bag of overalls over his head to put into a washing machine and he fell backwards hitting his back and shoulders on a wooden cart that was behind him. Current complaints include constant, severe neck pain which radiates into the right shoulder, down arms and is associated with numbness and tingling. In addition he complains of severe low back pain which interferes with all activities of daily living; depression and insomnia. Medications include Celebrex, omeprazole, Norco and Ambien. A drug screen was performed to determine the level of prescription medications. Diagnoses include depression, insomnia, cervical and lumbar strain, cervical spondylosis C4-5 and C5-6, degenerative disc disease with small disc protrusion and annulat tear L5-S1, possible temporomandibular joint syndrome, status post right shoulder surgery X3 and status post revision right shoulder surgery. Diagnostic studies included EMG/NCS (2011). Electrolyography/ nerve conduction studies (EMG/NCS) were requested by the treating physician based on the injured workers complaints of numbness in both hands. On 12/22/14 Utilization Review (UR) non-certified the request for EMG/NCV based on documentation not displaying any subjective or objective examination findings to indicate possible cervical radiculopathy or carpal tunnel syndrome, making upper extremity electrodiagnostic testing unwarranted. ODG was referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 261. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS), Electromyography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: The patient presents with constant severe neck pain, which radiates into his right shoulder. Pain radiates down arms associated with numbness and tingling. The current request is for EMG/NCV of bilateral upper extremities. The treating physician documents in the report dated 11/26/14 (37b) that the patient had numbness in both hands and goes on further to state a request for authorization to obtain bilateral, upper extremity EMG/NCV studies to rule out carpal tunnel syndrome. Additionally the treating neurologist diagnoses in the report dated 4/22/14 (44b) that the patient has cervical strain and sprain with radicular symptoms and that he seeks to rule out cervical radiculopathy. ACOEM page 262 recommends electrodiagnostic studies to help differentiate between CTS and other conditions, such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. The treating physician and neurologist, in this case, have recommended an EMG/NCV of the bilateral upper extremities. The patient has continued complaints of radiating pain with associated numbness and tingling into the upper extremities. There is one prior EMG test found in the clinical history dated 11/9/11 (83b) but to date it is still unclear if radiculopathy is present in this patient. Recommendation is for authorization.