

Case Number:	CM15-0002268		
Date Assigned:	01/13/2015	Date of Injury:	03/01/2010
Decision Date:	04/02/2015	UR Denial Date:	12/30/2014
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
 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:

The injured worker is a 61 year old female, who sustained an industrial injury on 3/1/2010. The diagnoses have included shoulder acromioclavicular joint arthritis, shoulder and elbow arthralgia, cervical radiculitis, cervicgia and bicipital tenosynovitis. Treatment to date has included injections and medications. According to the orthopedic re-evaluation dated 12/16/2014, the injured worker complained of neck pain that radiated down the left arm. The injured worker's condition was unchanged since the last exam and 7-8/10 pain persisted. She was scheduled for a cervical epidural steroid injection (ESI) in January and was using Voltaren Gel with benefit. Physical exam revealed tenderness over the left cervical paravertebral and left trapezius with spasm. There was diffuse left shoulder tenderness and left trapezius tenderness with spasm. There was slight diffuse tenderness of the left elbow. The physician recommendation was for referral to a neurologist for electromyography/nerve conduction velocity of the cervical spine and left upper extremity. On 12/30/2014, Utilization Review (UR) non-certified requests for Referral To A Neurologist, Electromyography Of The Cervical Spine, Nerve Conduction Velocity Of The Cervical Spine, Electromyography Of The Left Upper Extremity And Nerve Conduction Velocity Of The Left Upper Extremity. The Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a neurologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: This patient presents with neck pain radiating to the left arm and left shoulder pain. The treater is requesting Referral To A Neurologist. The RFA dated 12/22/2014 shows a request for referral to neurologist for EMG/NCV cervical spine and left upper extremity rule out neuritis. The patient's date of injury is from 03/01/2010, and his current work status is temporarily totally disabled. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise The 11/04/2014 report shows that the patient continues to complain of constant neck pain that radiates down the left arm. Sensation is intact in the upper extremities. There is tenderness in the left cervical and trapezius muscles. There is diffuse left shoulder tenderness and slight hypesthesia along the ulnar nerve of the left elbow. In this case, given the patient's radiating symptoms, a consultation with a neurologist is appropriate. The request IS medically necessary.

EMG of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 - 179.

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, Pain Chapter on EMG/NCS.

Decision rationale: This patient presents with neck pain radiating to the left arm and left shoulder pain. The treater is requesting an EMG Of The Cervical Spine. The RFA dated 12/22/2014 shows a request for referral to neurologist for EMG/NCV cervical spine and left upper extremity rule out neuritis. The patient's date of injury is from 03/01/2010, and his current work status is temporarily totally disabled. 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 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. The records do not show any previous EMG of the cervical spine. The

11/04/2014 report shows that the patient continues to complain of neck pain radiating down the left arm. Left cervical and trapezius tenderness was noted. Diffuse left shoulder and left trapezius tenderness was also reported. Slight hypesthesia along the ulnar nerve of the left elbow. In this case, while the patient reports radiating symptoms to the left arm, the examination does not show any neurological or sensory deficits. The request IS NOT medically necessary.

NCV of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 - 179.

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, Pain Chapter on EMG/NCS.

Decision rationale: This patient presents with neck pain radiating to the left arm and left shoulder pain. The treater is requesting an NCV of the cervical spine. The RFA dated 12/22/2014 shows a request for referral to neurologist for EMG/NCV cervical spine and left upper extremity rule out neuritis. The patient's date of injury is from 03/01/2010, and his current work status is temporarily totally disabled. 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 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. The records do not show any previous NCV of the cervical spine. The 11/04/2014 report shows that the patient continues to complain of neck pain radiating down the left arm. Left cervical and trapezius tenderness was noted. Diffuse left shoulder and left trapezius tenderness was also reported. Slight hypesthesia along the ulnar nerve of the left elbow. In this case, while the patient reports radiating symptoms to the left arm, the examination does not show any neurological or sensory deficits. The request IS NOT medically necessary.

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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, Pain Chapter on EMG/NCS.

Decision rationale: This patient presents with neck pain radiating to the left arm and left shoulder pain. The treater is requesting an EMG Of The Left Upper Extremity. The RFA dated 12/22/2014 shows a request for referral to neurologist for EMG/NCV cervical spine and left upper extremity rule out neuritis. The patient's date of injury is from 03/01/2010, and his current work status is temporarily totally disabled. 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 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. The records do not show any previous EMG of the left upper extremity. The 11/04/2014 report shows that the patient continues to complain of neck pain radiating down the left arm. Left cervical and trapezius tenderness was noted. Diffused left shoulder and left trapezius tenderness was also reported. Slight hypesthesia along the ulnar nerve of the left elbow. While the patient reports radiating symptoms to the left arm, the examination does not show any neurological or sensory deficits to warrant the need of an EMG of the left upper extremity. The request IS NOT medically necessary.

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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, Pain Chapter on EMG/NCS.

Decision rationale: This patient presents with neck pain radiating to the left arm and left shoulder pain. The treater is requesting an NCV Of The Left Upper Extremity. The RFA dated 12/22/2014 shows a request for referral to neurologist for EMG/NCV cervical spine and left upper extremity rule out neuritis. The patient's date of injury is from 03/01/2010, and his current work status is temporarily totally disabled. 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 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. The records do not show any previous NCV of the left upper extremity. The 11/04/2014 report shows that the patient continues to complain of neck pain radiating down the left arm. Left cervical and trapezius tenderness was noted. Diffuse left shoulder and left trapezius tenderness was also reported. Slight hypesthesia along the ulnar nerve of the left elbow. In this case, while the patient reports radiating symptoms to the left arm, the examination does not show any neurological or sensory deficits. The request IS NOT medically necessary.