

Case Number:	CM15-0101448		
Date Assigned:	06/03/2015	Date of Injury:	02/06/2015
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/27/2015

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 57 year old male, who sustained an industrial injury on 02/06/2015. He has reported subsequent low back, left shoulder and arm and neck pain and was diagnosed with cervical discopathy/radiculopathy, cervicgia and left shoulder impingement. Treatment to date has included oral pain medication, application of ice, physical therapy and a home exercise program. In a progress note dated 04/08/2015, the injured worker complained of constant low back pain with radiation to the lower extremities, constant low back and arm pain and constant neck pain with radiation to the left upper extremity. Objective findings were notable for palpable paravertebral muscle tenderness with spasm of the cervical and lumbar spine, positive axial loading compression test and Spurling's maneuver, limited range of motion of the cervical and lumbar spine, pain and tenderness of the left shoulder with positive Hawkins and impingement sign and tingling and numbness in the lateral thigh, anterolateral and posterior leg and foot consistent with an L5-S1 dermatomal pattern. A request for authorization of electromyography/nerve conduction study of the bilateral upper extremities was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right 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): 260-262.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated 8/10, left shoulder and arm pain rated 7-8/10, and neck pain radiating to left upper extremity rated 8/10. The request is for EMG right upper extremity. The request for authorization is not provided. Physical examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. There is extension of symptomatology into the left upper extremity. There is a positive axial loading compression test and Spurling's maneuver. Range of motion is limited with pain. Exam of the left shoulder and arm reveals pain and tenderness in the anterior glenohumeral region and subacromial space with a positive Hawkins and impingement sign. There is reproducible symptomatology with internal rotation and forward flexion. The patient will be referred for a course of physical therapy for the left upper extremity and lumbar spine at a rate of two times a week for four weeks. The patient can take the appropriate pharmacological agents for symptomatic relief. Per progress report dated 04/08/15, the patient is working modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater does not discuss the request. In this case, there is no evidence that the patient has had prior right upper extremity EMG study done. The patient continues with neck pain radiating to left upper extremities and left shoulder and arm pain. Given the patient's upper extremity symptoms, physical examination findings and diagnosis, EMG study would appear reasonable. However, the patient's symptoms are all on the left side and not on the right. Therefore, the request is not medically necessary.

NCV Left Upper Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated 8/10, LEFT shoulder and arm pain rated 7-8/10, and neck pain radiating to LEFT upper extremity rated 8/10. The request is for NCV left upper extremity. The request for authorization is dated not provided. Physical examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. There is extension of symptomatology into the LEFT upper extremity. There is a positive axial loading compression test and Spurling's maneuver. Range of motion is limited with pain. Exam of the LEFT shoulder and arm reveals pain and tenderness in

the anterior glenohumeral region and subacromial space with a positive Hawkins and impingement sign. There is reproducible symptomatology with internal rotation and forward flexion. The patient will be referred for a course of physical therapy for the LEFT upper extremity and lumbar spine at a rate of two times a week for four weeks. The patient can take the appropriate pharmacological agents for symptomatic relief. Per progress report dated 04/08/15, the patient is working modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater does not discuss the request. In this case, the patient continues with neck pain radiating to LEFT upper extremities and LEFT shoulder and arm pain. Given the patient's LEFT upper extremity symptoms, physical examination findings and diagnosis, NCV study would appear reasonable. There is no evidence that the patient has had prior LEFT upper extremity NCV study done. The request appears to meet guideline criteria. Therefore, the request IS medically necessary

NCV Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated 8/10, LEFT shoulder and arm pain rated 7-8/10, and neck pain radiating to LEFT upper extremity rated 8/10. The request is for NCV right upper extremity. The request for authorization is dated not provided. Physical examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. There is extension of symptomatology into the LEFT upper extremity. There is a positive axial loading compression test and Spurling's maneuver. Range of motion is limited with pain. Exam of the LEFT shoulder and arm reveals pain and tenderness in the anterior glenohumeral region and subacromial space with a positive Hawkins and impingement sign. There is reproducible symptomatology with internal rotation and forward flexion. The patient will be referred for a course of physical therapy for the LEFT upper extremity and lumbar spine at a rate of two times a week for four weeks. The patient can take the appropriate pharmacological agents for symptomatic relief. Per progress report dated 04/08/15, the patient is working modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater does not discuss the request. In this case, there is no evidence that the patient has had prior RIGHT upper extremity NCV study done. The patient continues with neck pain radiating to LEFT upper extremities and LEFT shoulder and arm pain. Given the patient's upper extremity symptoms, physical examination findings and diagnosis, NCV study would appear reasonable. The request appears to meet guideline criteria. However, the patient's symptoms are all on the LEFT side and not on the RIGHT. Therefore, the request is not medically necessary.

EMG Left Upper Extremity: Overturned

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): 260-262.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated 8/10, LEFT shoulder and arm pain rated 7-8/10, and neck pain radiating to LEFT upper extremity rated 8/10. The request is for EMG left upper extremity. The request for authorization is dated not provided. Physical examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. There is extension of symptomatology into the LEFT upper extremity. There is a positive axial loading compression test and Spurling's maneuver. Range of motion is limited with pain. Exam of the LEFT shoulder and arm reveals pain and tenderness in the anterior glenohumeral region and subacromial space with a positive Hawkins and impingement sign. There is reproducible symptomatology with internal rotation and forward flexion. The patient will be referred for a course of physical therapy for the LEFT upper extremity and lumbar spine at a rate of two times a week for four weeks. The patient can take the appropriate pharmacological agents for symptomatic relief. Per progress report dated 04/08/15, the patient is working modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater does not discuss the request. In this case, the patient continues with neck pain radiating to LEFT upper extremities and LEFT shoulder and arm pain. Given the patient's LEFT upper extremity symptoms, physical examination findings and diagnosis, EMG study would appear reasonable. There is no evidence that the patient has had prior LEFT upper extremity EMG study done. The request appears to meet guideline criteria. Therefore, the request IS medically necessary.