

Case Number:	CM15-0167732		
Date Assigned:	09/08/2015	Date of Injury:	09/20/2012
Decision Date:	10/07/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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: Emergency Medicine

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 44 year old female, who sustained an industrial injury on September 20, 2012. She reported right shoulder and neck pain. The injured worker was currently diagnosed as having neck pain, right C3-4 disc protrusion, stenosis right C3-4 neural foramen due to disc osteophyte complex, stenosis central canal, cervical spine spondylosis without myelopathy and adjacent level disease at C4-7. Treatment to date has included diagnostic studies, shoulder surgery, home exercise, heat, physical therapy and medication. On August 5, 2015, the injured worker complained of right shoulder pain and neck pain with radiation down her upper arm. She had complaints of paresthesia in the radial 2-3 fingers of the right hand and all fingers of the left hand. Her right arm was noted to be weak due to pain. Extension, flexion and rotation of the neck were very limited. The treatment plan included an EMG-NCV of the cervical spine nerve roots bilaterally and x-rays of the cervical spine. A request was made for NCV (nerve conduction study) of the cervical spine times two and an EMG (electromyography) of the cervical spine times two. MRI of cervical spine dated 6/12/15 showed C4-7 post fusion, multilevel cervical canal and foraminal stenosis, C3-4 large disc extrusion with spur and severe stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (nerve conduction study), Cervical Spine, x2: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat 'routine' evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. There is no change in physical exam. While double crush syndrome may be a possibility, the symptoms are mostly consistent with potential radicular symptoms and no documentation of concern for this issue was found. Symptoms are also right sided only it is unclear why a request for bilateral NCV was done. There is no rationale provided for requested test. NCV of bilateral upper extremities are not medically necessary.

EMG (electromyography), Cervical Spine, x2: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam are consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Patient has complicated pain pathology that may be arising from right shoulder or neck. Pain may be radicular in origin or from right shoulder. Request was by spinal surgeon to determine if surgery if and what type of surgery may be needed. However, this request is for bilateral upper extremities and is not justified. Patient only has unilateral right sided symptoms. It is unclear why bilateral EMG was requested for unilateral symptoms. EMG of bilateral upper extremities is not medically necessary.