

Case Number:	CM15-0192989		
Date Assigned:	10/07/2015	Date of Injury:	09/13/2005
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 46 year old male, who sustained an industrial injury on 9-13-2005. He reported severe neck pain radiating to bilateral shoulders and down the back from a motor vehicle accident. Diagnoses include right shoulder rotator cuff repair, cervical disc herniation without myelopathy, bursitis and tendinitis of the shoulder, lateral epicondylitis of the elbow, tendinitis-bursitis of the hand-wrist. Treatments to date include activity modification, medication therapy, physical therapy, cortisone injection to the right shoulder, and a cervical epidural steroid injection. On 8-20-15, he reported ongoing pain in the neck, right shoulder, right elbow and right wrist, and hand with burning, numbness, and tingling noted in the wrist and hand. The physical examination documented cervical tenderness with muscle spasms. The distraction test and shoulder depressions tests were positive bilaterally. The triceps reflex was decreased bilaterally. There were tenderness and muscle spasms noted in both shoulders and a positive right side supraspinatus test. The Cozen's test was positive in the right elbow with tenderness and spasm. The wrist demonstrated positive bracelet test and decreased Jamar Dynamometer readings with tenderness and spasm noted. The plan of care included testing of bilateral upper extremities "because of positive MRI findings and radicular complaints." There was an MRI of the cervical spine submitted for review dated 4-21-15, revealing a foraminal disc osteophyte complex resulting in left cervical root with narrowing of left neural foramina, and disc protrusion with neural narrowing and central canal narrowing, and a foraminal disc osteophyte complex with abutment of exiting right cervical nerve root. The appeal requested authorization for

electromyogram and nerve conduction studies (EMG/NCS) of bilateral upper extremities. The Utilization Review dated 9-3-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG testing of the bilateral upper extremities: Upheld

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

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

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, the claimant had an MRI, which shows abutment of the spinal cord at C5-C6. Examination does not indicate neurological abnormalities. Although the discrepancy would justify an EMG/NCV, the claimant had a prior test. Results and time of the test were not provided. As a result, the additional EMG/NCV is not justified at this time. Therefore, the requested treatment is not medically necessary.