

Case Number:	CM15-0219677		
Date Assigned:	11/12/2015	Date of Injury:	07/13/2015
Decision Date:	12/30/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/09/2015

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 54 year old female who sustained an industrial injury on 7-13-15. A review of the medical records indicates she is undergoing treatment for cervical spine musculoligamentous sprain and strain with multilevel disc protrusions, stenosis, and moderate degenerative disc disease with right upper extremity radiculitis, right shoulder periscapular strain, thoracic spine musculoligamentous sprain and strain, and lumbar spine musculoligamentous sprain and strain with bilateral sacroiliac joint sprain. Medical records (7-29-15, 8-4-15, and 9-1-15) indicate ongoing complaints of neck pain. She rates the pain "10 out of 10" (7-29-15) and reports that the pain is "extremely severe". The 9-1-15 record indicates complaints of neck pain radiating to the right upper extremity, upper back pain, right shoulder pain, low back pain, and headaches. The physical exam (9-1-15) reveals tenderness to palpation over the periscapular region and posterior musculature of the right shoulder. Range of motion is noted to be diminished. The cervical spine reveals a decrease in the cervical lordotic curvature. Tenderness to palpation is noted with moderate spasm and muscle guarding over the paraspinal musculature and upper trapezius muscles bilaterally. Axial compression test is positive with radiating symptoms to the right upper extremity. Spurling's maneuver is positive on the right. Range of motion is noted to be diminished. The thoracic spine reveals tenderness to palpation with spasm and muscle guarding over the paraspinal musculature and mid trapezius muscle on the right. A trigger point is noted on the right rhomboid musculature. Range motion is noted to be diminished. The lumbar spine reveals tenderness to palpation over the paraspinal musculature and sacroiliac joints bilaterally. Straight leg raise test is negative bilaterally. Sacroiliac stress

test is positive bilaterally. Range of motion is noted to be diminished. Diagnostic studies have included x-rays of the cervical spine and an MRI of the cervical spine. Treatment has included medications. She is not working. Treatment recommendations include acupuncture, a home interferential unit, a Vista cervical collar, Thermophore heating pad, a pain management consultation, and an EMG-NCV study for the right upper extremity. The utilization review (10-23-15) includes a request for authorization of an EMG-NCV study of the right upper extremity. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The current request is for EMG/NCV OF THE RIGHT UPPER EXTREMITY. Treatment history include physical therapy, acupuncture, chiropractic treatments and medications. The patient is not working. MTUS/ACOEM Practice Guidelines, Chapter 11, Wrist Complaints, 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." Per report 09/01/15, the patient presents with of neck pain radiating to the right upper extremity. Physical examination revealed decrease in the cervical lordosis curvature. Tenderness to palpation noted with moderate spasm and muscle guarding over the paraspinal musculature and upper trapezius muscles bilaterally. Axial compression test is positive with radiating symptoms to the right upper extremity. Spurling's maneuver is positive on the right. Range of motion is diminished. X-ray finding revealed degenerative disease. MRI finding revealed C5-C6 3mm disc protrusion. There is no indication of prior EMG/NCV studies. The treater requests an EMG/NCV of the right upper extremity to rule out radiculopathy versus peripheral neuropathy. EMG/NCV studies are utilized to differentiate between carpal tunnel syndrome and cervical radiculopathy, and this patient presents with continuing neurological symptoms. Such diagnostics could provide a clearer picture of this patient's underlying pathology. Therefore, this request IS medically necessary.