

Case Number:	CM15-0224419		
Date Assigned:	11/20/2015	Date of Injury:	04/10/2013
Decision Date:	12/30/2015	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 04-10-2013. A review of the medical records indicates that the worker is undergoing treatment for left rotator cuff tendinitis involving the supraspinatus and infraspinatus tendons, cervical and lumbar strain with myofascial pain, worse along the left shoulder region and C5-C6 and C7-T1 disc protrusion. Treatment has included Norco, Mobic, Flexeril, Toradol injection, Cortisone injection, physical therapy, acupuncture and a home exercise program. Subjective complaints (09-14-2015, 10-15-2015 and 11-05-2015) included continued neck and bilateral upper extremity pain that was worsening. The level of pain was not quantified and the degree of pain relief from conservative therapies was not documented. During the 10-15-2015 office visit the physician noted that the worker had an EMG nerve conduction study and found a mild case of left carpal tunnel syndrome. Toradol injection was noted to help for a month but the worker noticed a significant increase in pain two weeks prior. Objective findings (09-14-2015, 10-15-2015 and 11-05-2015) revealed tenderness along the cervical paraspinal muscles, upper trapezius, levator scapular and periscapular regions, multiple trigger points, pain and tenderness more prominent on the right than the left, cervical range of motion of 70% of normal and pain with end-range of motion. Electromyography was performed on 10-13-2015 and showed findings of median neuropathy of the right wrist of carpal tunnel syndrome. An MRI done about 1 ½ years prior was noted to show degenerative changes and disc protrusions at the C5-C6 and C7-T1. The physician noted that due to increasing pain radiating down the arms, an electromyography (EMG) nerve conduction study would be helpful in determining whether there is any significant cervical

radiculopathy versus other peripheral neuropathies present. A request for EMG of the upper extremities was submitted. A utilization review dated 11-12-2015 non-certified a request for electromyogram (EMG) to bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) to bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in April 2013 when, while working as a cashier, she slipped and fell with injury to multiple body parts including her neck, low back, leg, groin, and left shoulder. An MRI of the cervical spine in February 2014 included findings of multilevel disc bulging and protrusions with a central disc extrusion at C7/T1. There was mild canal and mild to moderate left lateralized foraminal narrowing. She was seen for a QME in October 2015 and bilateral upper extremity EMG/NCS testing was done showing findings of left carpal tunnel syndrome. When seen by the requesting provider in October 2015 the electrodiagnostic testing was noted. In November 2015, she had continued complaints of neck and upper shoulder pain as well as bilateral upper extremity pain symptoms. She was being seen for an earlier appointment because of an increase in pain. Physical examination findings included tenderness with multiple trigger points. Spurling's testing was negative. There was decreased cervical spine range of motion. She had normal shoulder range of motion with pain at end range. Authorization was requested for acupuncture treatments. Medications were continued. Being requested is electrodiagnostic testing of the upper extremities. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, the claimant had electrodiagnostic testing done in October 2015 as part of a QME showing findings of left carpal tunnel syndrome. Repeat testing is not medically necessary.