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| Case Number: | CM15-0032073 | | |
| Date Assigned: | 02/25/2015 | Date of Injury: | 10/17/2002 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 02/12/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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: Texas, 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 67 year old female, who sustained an industrial injury on 10/17/2002. She has reported injury to right arm and hand, right shoulder, and neck. The diagnoses have included cervical spondylosis without myelopathy, probable cervical radiculopathy, right shoulder tendinitis, and chronic pain syndrome. She is status post cervical fusions C5-6 and C6-7 completed 11/4/14. Treatment to date has included medications, acupuncture, and physical therapy. Currently, the IW complains of increased neck pain associated with upper back pain and numbness and tingling in bilateral hands. Physical examination from 2/4/15 documented tenderness to palpation to cervical spine, thoracic spine, and bilateral trapezius areas, limited range of motion, decreased sensation in C6-7 distribution bilaterally. The plan of care included continuation of medications, heat therapy, stretching and alternating with ice therapy. The patient sustained the injury when she was pulling ice from a large container. The patient has had MRI of the cervical spine on 2/6/14 that revealed disc bulges with foraminal stenosis and X-ray revealed post surgical changes and good progression of fusion. The patient had received cervical ESI for this injury The patient's surgical history include rotator cuff surgery in 2003The patient has had EMG on 7/1/14 that revealed partial long right thoracic radiculopathy. The medication list include Naproxen and Advil

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Request: EMG/NCV for bilateral upper extremities. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The pt has tingling numbness in both hands, decreased sensation in C6-7 distribution bilaterally. She is status post cervical fusions C5-6 and C6-7 completed 11/4/14. She also has shoulder tendinitis. She has pain in the neck, right shoulder, arm and hand and sensory symptoms in the bilateral upper extremities. An EMG/NCS would help to differentiate between the different possible causes of the pt's symptoms including cervical radiculopathy versus peripheral neuropathy. The request for EMG/NCV for bilateral upper extremities is deemed as medically appropriate and necessary for this patient.