

Case Number:	CM15-0038899		
Date Assigned:	03/11/2015	Date of Injury:	08/23/2013
Decision Date:	04/14/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	03/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 53 year old female, who sustained an industrial injury on 8/23/2013. She reports a right shoulder injury after being hit by a combative patient. Diagnoses include cervical spine stenosis with industrial aggravation, right shoulder sprain/strain and right shoulder impingement syndrome. Treatments to date include physical therapy, acupuncture, chiropractic care and medication management. The Agreed Medical Evaluator from 1/12/2015 indicates the injured worker reported right shoulder pain with upper extremity symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Upper Extremity Electromyography (EMG) /Nerve Conduction Velocity (NCV) Studies: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. Per MTUS ACOEM p182, with regard to the detection of neurologic abnormalities, EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent, is not recommended. MRI of the cervical spine performed 8/29/14 revealed moderate left-sided neural foraminal narrowing at C5-C6, mild left-sided neural foraminal narrowing at C6-C7. C5-C6 annular bulging and left greater than right side uncovertebral joint osteophyte formation creating moderate left-sided neural foraminal narrowing, no central canal narrowing. Per progress report dated 1/12/15, the injured worker described neck pain which was dull, aching, throbbing, and radiating into the right trapezius and right arm. She noted radiation of symptoms into the back of the shoulder blade and medial border of the right scapula with numbness and tingling into the right forearm and hand in the ring, little and long finger, ulnar aspect of the right forearm. I respectfully disagree with the UR physician, bilateral EMG/NCV is medically necessary to provide for comparison.