

Case Number:	CM15-0067002		
Date Assigned:	04/14/2015	Date of Injury:	12/16/2013
Decision Date:	07/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/09/2015

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: 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:

This is a 48 year old male patient, who sustained an industrial injury on December 16, 2013. The diagnoses include discogenic cervical spine with facet inflammation and headache, discogenic thoracic condition with facet inflammation, discogenic lumbar condition with facet inflammation with bilateral radiculopathy with numbness and tingling, depression, insomnia and chronic pain syndrome. He sustained the injury due to being hit by a large container metal door. According to progress note dated February 23, 2015, he had chief complaint of neck and back pain. The pain was limiting his ability to perform activities of daily living. He was having shooting pain down the left leg. The physical exam revealed tenderness of the cervical spine with spasms along the paraspinal muscles, tenderness along the shoulder anteriorly, an antalgic gait, positive straight leg testing of the right leg and decreased range of motion to the lumbar spine, right shoulder-tenderness of and decreased range of motion, abduction 150 degrees with weakness to resisted function. The medications list includes Tramadol ER, Flexeril, Gabapentin, LidoPro lotion, Terocin Patches, Protonix and Nalfon. He has had thoracic spine MRI, right shoulder MRI dated 1/26/2015 which revealed bursitis and no rotator cuff tear, cervical spine MRI which revealed disc protrusions at C3-4, C4-5 and C5-6 and degenerative changes at C2-3; and lumbar spine MRI. He has had physical therapy, cane, 8 sessions of chiropractic services, cervical pillow, neck traction unit, cold wrap, back brace and TENS (transcutaneous electrical nerve stimulator) unit. The treatment plan included EMG/NCV (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Per the ACOEM guidelines "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." Patient had neck, back and right shoulder pain. Evidence of neurological deficits in the left upper extremity is not specified in the records provided. In addition per the cited guidelines "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. The medical necessity of Electromyography (EMG) left upper extremity is not fully established for this patient at this time. The request is not medically necessary.

Nerve conduction velocity (NCV) left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Per the ACOEM guidelines "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." Patient had neck, back and right shoulder pain. Evidence of neurological deficits in the left upper extremity is not specified in the records provided. In addition per the cited guidelines "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. The medical necessity of Nerve conduction velocity (NCV) left upper extremity is not fully established for this patient at this time. The request is not medically necessary.

NCV right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Per the ACOEM guidelines "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." In addition per the cited guidelines "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Patient had neck, back and right shoulder pain with weakness. He has had thoracic spine MRI, right shoulder MRI dated 1/26/2015 which revealed bursitis and no rotator cuff tear, cervical spine MRI which revealed disc protrusions at C3-4, C4-5 and C5-6 and degenerative changes at C2-3. NCV right upper extremity is medically appropriate and necessary to evaluate the cause of right shoulder / upper extremity weakness. The request of NCV right upper extremity is medically necessary for this patient at this time.

EMG right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Per the ACOEM guidelines "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." In addition per the cited guidelines "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Patient had persistent neck, back and right shoulder pain with weakness. He has had thoracic spine MRI, right shoulder MRI dated 1/26/2015 which revealed bursitis and no rotator cuff tear, cervical spine MRI which revealed disc protrusions at C3-4, C4-5 and C5-6 and degenerative changes at C2-3. EMG right upper extremity is medically appropriate and necessary to evaluate the cause of right shoulder / upper extremity weakness. The request of EMG right upper extremity is medically necessary for this patient at this time.