MAXIMUS Federal Services

Case Number:	CM15-0084682		
Date Assigned:	05/06/2015	Date of Injury:	04/19/2013
Decision Date:	09/01/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/04/2015

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: Arizona, 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 47 year old male who sustained an industrial fall injury on 04-19-2013. The injured worker was diagnosed with cervical discogenic disease, lumbar discogenic disease and left shoulder internal derangement. The injured worker is status post left anterior cervical fusion in August 2013. Treatment to date has included diagnostic testing, conservative measures, cervical surgery, lumbar epidural steroid injections, physical therapy and medications. According to the primary treating physician's progress report on February 23, 2015, the injured worker continues to experience neck, shoulder and low back pain rated as 6-7 out of 10 on the pain scale with medications. The injured worker reported he has neck pain with mild radiation into both arms and low back pain radiating down into his left leg with numbness and tingling. Evaluation noted the injured worker keeps his head bent about 15 degrees with uncomfortable-ness moving it upward. Examination of the cervical spine demonstrated range of motion to be flexion at 30 degrees, extension at 15 degrees, right rotation at 30 degrees , left rotation at 40 degrees, right tilt at 15 degrees and tilt to the left at 30 degrees. There were spasms bilaterally of the trapezius muscles which was worse on the left side. Examination of the lumbar spine revealed stiffness and profound spasms bilaterally of the latissimus dorsi, left greater than right with weakness noted at 2 out of 6 of the left abductor hallucis longus and foot flexors. The shoulder examination demonstrated good range of motion of the right shoulder with negative Hawkins maneuver. The left shoulder revealed range of motion of flexion at 145 degrees, abduction at 105 degrees and bilateral extension at 20 degrees with a positive Hawkins maneuver on the left side. Deep tendon reflexes were intact in the bilateral upper and lower

extremities. There was decreased sensation in the C5 through C7 distribution of the left hand and in the left L4 and L5 nerve root distribution. A urine drug screening was performed at the office visit. Current medications are listed as Hydrocodone, Ibuprofen, Baclofen, Venlafaxine and Omeprazole. Treatment plan consists of left shoulder magnetic resonance arthrogram (MRA), cervical Computed Tomography (CT) scan, lumbar magnetic resonance imaging (MRI), continuing medication regimen and the current request for Electromyography (EMG) and Nerve Conduction Velocity (NCV) 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:

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Electrodiagnostic Studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter and pg 38.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the claimant prior cervical fusion. There were no central neck symptoms. Although, there was decreased sensation in C5-C7, the claimant did have cervical fusion in the area. In addition, the claimant there was no exam noting status of Tinel's or Phalen's signs. The request for the EMG /NCV is not justified and is not medically necessary.