MAXIMUS Federal Services

Case Number:	CM15-0087940		
Date Assigned:	05/12/2015	Date of Injury:	01/27/2014
Decision Date:	06/22/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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: North Carolina
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 32-year-old female who sustained an industrial injury on 01/27/2014. Mechanism of injury occurred while picking up a heavy piece of luggage. She felt immediate pain in the bilateral paracervical trapezius muscles with radiation of pain down her bilateral upper extremities with occasional numbness sensation affecting both hands. Diagnoses include bilateral cervical strain, question of bilateral cervical radiculopathy versus question of bilateral carpal tunnel syndrome, and myofascial pain syndrome. Treatment to date has included diagnostic studies, medications, chiropractic sessions, physical therapy, and home exercise program. A physician progress note dated 04/09/2015 documents the injured worker continues to complain of pain in the bilateral paracervical cervical and trapezius muscle with radiation of pain down the right upper extremity as well as some intermittent numbness and tingling sensations affecting both hands. Her medications include Flexeril, Advil and Indocin. She is positive for gastrointestinal reflux. She has acute muscle spasms in the bilateral trapezius and rhomboid muscle area. The cervical spine range of motion is decreased in flexion, extension and bilateral bending and rotation by 10% of normal. There is tenderness present in the bilateral paracervical muscles, bilateral trapezius muscles, and bilateral rhomboid muscles. There are muscle spasm and trigger points in the bilateral paracervical trapezius and rhomboid muscle areas. There is decreased sensation in the bilateral ventral aspect of the thumb and 1st two and half digits. The injured worker has positive Spurling's sign. A Magnetic Resonance Imaging of the cervical spine showed C4-C5, and C5-C6 concentric uncovertebral hypertrophy 1mm, which in conjunction with facet hypertrophy and ligamenta flava laxity produces no central canal

narrowing and no neural foraminal narrowing. There is straightening and kyphotic reversal of the normal cervical lordosis suggesting some muscle spasm/pain. There is diffuse unexpected abnormal T1 signal throughout the marrow of all visualized osseous structures. The treatment plan includes discontinuing present medications and starting Naproxen for inflammation, Omeprazole for stomach prophylaxis and Neurontin for paresthesias and Flexeril for muscle spasms, continuation of home exercise program, acupuncture, and toxicology screening. Treatment requested is for Electromyography and nerve conduction velocity 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 and nerve conduction velocity of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag-Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The provided documentation does not show any signs of emergence of red flags or subtle physiologic evidence of tissue insult or neurologic dysfunction. There is no mention of planned invasive procedures. There are no subtle neurologic findings listed on the physical exam. For these reasons criteria for special diagnostic testing has not been met per the ACOEM. Therefore, the request is not medically necessary.