

Case Number:	CM15-0242312		
Date Assigned:	12/21/2015	Date of Injury:	11/25/2014
Decision Date:	01/29/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/14/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female who sustained an industrial injury on 11-25-14. A review of the medical records indicates that the worker is undergoing treatment for cervical strain, cervical radiculopathy, back pain, and coccyx sprain. Subjective complaints (10-2-15) include constant headaches, pain increases with bright lights and loud noises, constant neck pain with tightness and stiffness in the morning, constant right shoulder pain; stiffness, tightness, popping, swelling, weakness and numbness. Neck pain is rated at 6 out of 10 and right shoulder pain is rated at 5 out of 10. Work status was noted as modified duties. Objective findings (10-2-15) include cervical spine tightness, spasm, muscle guarding at the trapezius, sternocleidomastoid and strap muscles bilaterally, sub-occipital triangle tenderness, tenderness of the spinal processes of the cervical vertebrae, positive Spurling's test, and positive foramina compression test. The right shoulder exam (10-2-15) reveals step-off over the acromioclavicular joint, tenderness, subacromial grinding and clicking, and positive impingement test. Positive Tinels's and Phalen's are noted of the right wrist, as well as tenderness and an abnormal two-point discrimination of the right median nerve distribution. Abnormal motor power and sensation is noted of the right hand. Diagnostic testing including MRI of the cervical spine "demonstrates disc herniations at C3-4 2mm, C4-5 2mm and C5-6 3mm." Previous treatment includes medication and physical therapy. The treatment plan includes cervical epidural steroid injection, electromyography-nerve conduction velocity of bilateral upper extremities to establish the presence of radiculitis-neuropathy, MRI of the right shoulder, home cervical traction kit, acupuncture 2x6, Voltaren XR 100mg #60, Prilosec 20mg #60, Fexmid 7.5mg #120, Ultracet

37.5-325mg #120, Fioricet #120, and Neurontin 300mg #90. The requested treatment of electromyography-nerve conduction velocity of bilateral upper extremities was non-certified on 11-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilaterally upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, Electromyography; ODG, Neck and Upper Back, Nerve conduction studies.

Decision rationale: The patient presents with pain affecting the bilateral upper extremities. The current request is for EMG/NCV bilaterally upper extremities. The treating physician report dated 10/2/15 (23B) states, "I request authorization for EMG/NCV of bilateral upper extremities to establish the presence of radiculitis/neuropathy." The MTUS guidelines do not address the current request. The ACOEM guidelines state, "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." Repeat studies, "test may be repeated later in the course of treatment if symptoms persist." The medical reports provided do not show that the patient has received prior EMG or NCV studies previously. In this case, the patient presents with worsening neck pain and right shoulder pain with associated bilateral upper extremity numbness and weakness that has persisted for longer than 3-4 weeks. Furthermore, the treating physician feels that the current request is medically necessary to "establish the presence of radiculitis/neuropathy." The current request is medically necessary.