

Case Number:	CM14-0117800		
Date Assigned:	08/06/2014	Date of Injury:	08/13/2013
Decision Date:	10/14/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37-year-old female who sustained an injury on 6/13/13. As per the report of 4/3/14, the patient complained of pain in the neck, shoulder, upper back, low back and hands; overall she stated that she had improved. Exam of the low back, head and neck, chest, upper extremities, and lower extremities were normal with full ROM and no tenderness or swelling. Exam of the thoracic spine noted guarding with full ROM. Computerized strength testing revealed that she was able to push and pull weights of 16 to 30lbs, but she had difficulty maintaining it. Left shoulder MRI revealed minimal subscapularis bursitis and osteoarthropathy of acromioclavicular joint and right shoulder MRI indicated minimal subacromial and subscapularis bursitis, minimal glenohumeral joint effusion, and mild osteoarthropathy of acromioclavicular joint. MRI of the wrists showed small radiocarpal joint effusion bilaterally and ganglion cyst at the volar aspect of radiocarpal joint and bone island at head of the 1st metacarpal were noted on the right. 2 ESWT procedures were done on 1/9/14 and 1/16/14 and she had some improvement in pain from the 1st ESWT. She was previously prescribed with Flurbiprofen, Cyclobenzaprine, and Gabapentin, Lidocaine and Tramadol topical cream. As per the report of 3/10/14, treatments included PT, acupuncture, DNA testing, toxicology testing, X-ray of thoracic spine, D/C lint therapy which provided relief in pain, and NCV/EMG of cervical and lumbar spine. She refused epidurals. Diagnoses: chronic residuals, overuse type syndrome; chronic residuals, strain/sprain injuries of the cervical spine, thoracic spine and shoulders. The request for NCV of the Cervical Spine and EMG of the Cervical Spine were denied on 06/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 05/30/14); Nerve conduction studies (NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK

Decision rationale: Per ODG guidelines, "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." On the other hand, NCS is recommended to differentiate between radiculopathy and neuropathies. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. In this case, there is no clear evidence of peripheral or entrapment neuropathy in the upper extremities. There is no documentation of any of the above indications. Thus, the medical necessity of the request has not been established per guidelines and clinical information.

EMG of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 05/30/14); Electromyography (EMG); Nerve conduction studies (NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK

Decision rationale: According to the guidelines, EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Furthermore, EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. Additionally, EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible neuropathy secondary to diabetes, or evidence of peripheral compression such as carpal tunnel syndrome. In this case, there is no clear evidence of radiculopathy in the upper extremities. There is no evidence of any of the above indications. Therefore, the request is considered not medically necessary based on the guidelines and the clinical information.