

Case Number:	CM14-0125074		
Date Assigned:	09/24/2014	Date of Injury:	10/09/2013
Decision Date:	10/29/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/07/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 34-year-old female with date of injury of 10/09/2013. The listed diagnoses per [REDACTED] from 01/10/2014 are: 1. Myofascial pain syndrome. 2. Rotator cuff syndrome not otherwise specified, right. 3. Bicipital tenosynovitis, right. 4. Chronic pain. 5. Radiculopathy. 6. Reactive anxiety. According to this report, the patient is experiencing moderate flareup of right neck pain that radiates down her right upper extremity. She continues to experience moderate to severe right face and neck pain that radiates towards her shoulders and down her right arm. The examination shows facet tenderness noted on the right C5, C6. Paravertebral muscles, spasms, tenderness, tight muscle bands, and trigger point are noted on the right side. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremity. Muscle strength examination reveals normal tone, power, and nutrition of the muscles. Sensory examination shows dysesthesia over the medial hand and medial forearm on the right side. Upper and lower extremities responded normally to reflex examination. The utilization review denied the request on 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the right upper extremity (RUE): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical & Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) on EMG and NCV.

Decision rationale: The ACOEM Guidelines page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. ACOEM page 178 states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In addition, the ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Furthermore, electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The records do not show any previous EMG/NCS of the right upper extremity. The 01/10/2014 report notes that the patient reports right neck pain radiating down to her right upper extremity. The examination shows a positive Spurling's maneuver on the right side causing pain in the muscles of the neck radiating to the upper extremity. Sensory examination also showed dysesthesias over the medial hand and medial forearm on the right side. In this case, the examination shows neurologic deficits including neck and arm symptoms. The requested EMG/NCS of the right upper extremity is reasonable to rule out cervical radiculopathy and other conditions. As such, the request is medically necessary and appropriate.