MAXIMUS Federal Services

Case Number:	CM14-0132336		
Date Assigned:	08/22/2014	Date of Injury:	03/20/2013
Decision Date:	09/25/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in 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 51-year-old female who reported an injury in 03/20/2013, reportedly while packing small metal hardware parts in small boxes and bags, she developed pain in her right shoulder, neck and hand due to constant reaching and grabbing of small metal parts. The injured worker's treatment history included x-rays, cortisone injections, physical therapy sessions, medications, surgery, and EMG/NCV studies. The injured worker was evaluated on 06/27/2014, and it was documented that the injured worker complained of frequent neck pain that varies from 4/10 to 6/10 on the pain scale without medications; burning pain in the intrascapular that varies from 5/10 to 7/10 on the pain scale without medications; frequent pain in the right shoulder that occurs all the time, and ranges from 5/10 to 7/10 on the pain scale without medications; and frequent pain and numbness of the right hand, mostly in the third, fourth and fifth digits. Physical examination there were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, and levator scapulae, scapulae, and infraspinatus muscles. The injured worker's neck compression was positive. Ranges of motion of bilateral shoulders were: flexion on the right was 170 degrees; flexion on the left was 180 degrees; extension on the right/left was 50 degrees; abduction on the right was 140 degrees, on the left was 180 degrees; adduction on the right/left was 50 degrees. Shoulder impingement test was positive on the right. Diagnoses included chronic myofascial pain syndrome, cervicothoracic spine; pain and numbness in the right arm and right hand due to cervical radiculopathy versus peripheral nerve entrapment; chronic sprain injury, right shoulder, rule out internal derangement; and status post right carpal tunnel release. Within the documentation submitted, it was indicated that the injured worker had undergone an EMG/NCV study on 09/03/2013 of the upper extremities. However, the findings were not submitted for this review. The Request for Authorization dated 07/25/2014 was for EMG/NCV of the bilateral upper

extremities. The rationale for the EMG/NCV study of the bilateral upper extremities was to differentiate between the cervical radiculopathy and peripheral nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

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; section on Diagnostic Investigations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines Neck & Upper Back, Nerve Conduction Studies.

Decision rationale: The request for EMG/NCV of bilateral upper extremities is not medically necessary. The California MTUS/ACOEM guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. The guidelines state the 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. There is no documentation of significant change in symptoms or findings to support an evaluation through EMG/NCV for bilateral upper extremities. The Official Disability Guidelines do not recommend NCS studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Studies have not shown portable nerve conduction devices to be effective. Electromyography is recommended to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There was no documentation of objective neurological findings suggestive of cord or nerve root pathology. In addition, the outcome measurements of conservative care were not submitted for this review. Additionally, the documents submitted for review indicated the injured worker already had an EMG/NCV studied performed on 9/03/2013. However, the findings were not submitted for this review. Given the above, the request is not medically necessary.