

Case Number:	CM14-0136122		
Date Assigned:	09/03/2014	Date of Injury:	07/09/2012
Decision Date:	10/29/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/23/2014

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 Occupational 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:

Injured worker is a female with date of injury 7/9/2012. Per neurosurgery consultation note dated 8/6/2014, the injured worker reported that she fell earlier today, striking the right shoulder. She was seen in the emergency department where she underwent x-rays, and reportedly there were no broken bones. She was diagnosed with a small muscle injury and a shoulder sling was applied. She was seen one week ago for complaints of neck discomfort radiating to the left shoulder with numbness of the left hand. She also suffers occipital headaches and associated visual problems. She was evaluated for an MRI revealing disk protrusions and the C5-C6 and C6-C7 levels. She was recommended to have an MRI of the brain to evaluate the associated headaches and balance difficulties. She brought in an MRI of the brain performed on 5/1/2014 that is essentially negative. On examination she has uncomfortable soft tissue injuries to bilateral shoulders, including the right side, secondary to a fall earlier today. Aside from proximal pain on exertion, the strength in the hands and interosseous is 5/5 to the right and left. Deep tendon reflexes are trace to the upper and lower extremities. Diagnoses include 1) cervical spondylosis with myelopathy 2) vertigo 3) balance problems 4) visual problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (updated 8/4/14) Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction test (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There are no neurological deficits identified on examination that may warrant further evaluation by EMG or NCS. Medical necessity of this request has not been established. The request for EMG left upper extremity is determined to not be medically necessary.

NCS left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (updated 8/4/14) Nerve conduction studies (NCS)

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), Neck and Upper Back chapter, Nerve Conduction Studies (NCS) section

Decision rationale: The MTUS Guidelines address the use of NCS in detection of neurological abnormalities at the elbow and wrist, but for the use cervical radiculopathy it recommends the use of EMG and NCV to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. The ODG does not recommend the use of NCS to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic process if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCS when a patient is already presumed to have symptoms on the basis of radiculopathy. 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. There are no neurological deficits identified on examination that may warrant further evaluation by EMG or NCS. Medical necessity of this request has not been established. The request for NCS left upper extremity is determined to not be medically necessary.

NCS right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (updated 8/4/14) Nerve conduction studies (NCS)

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), Neck and Upper Back chapter, Nerve Conduction Studies (NCS) section

Decision rationale: The MTUS Guidelines address the use of NCS in detection of neurological abnormalities at the elbow and wrist, but for the use cervical radiculopathy it recommends the use of EMG and NCV to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. The ODG does not recommend the use of NCS to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic process if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCS when a patient is already presumed to have symptoms on the basis of radiculopathy. 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. There are no neurological deficits identified on examination that may warrant further evaluation by EMG or NCS. Medical necessity of this request has not been established. The request for NCS right upper extremity is determined to not be medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (updated 8/4/14) Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There are no neurological deficits identified on examination that may warrant further evaluation by EMG or NCS. Medical necessity of this request has not been established. The request for EMG right upper extremity is determined to not be medically necessary.