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| Case Number: | CM14-0140106 | | |
| Date Assigned: | 09/08/2014 | Date of Injury: | 03/18/1999 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 60 year old employee with date of injury of 3/18/1999. Medical records indicate the patient is undergoing treatment for Neck/Shoulder Sprain/Strain/Contusion/Pain; Shoulder Pain; Elbow Pain and Cervical Spondylosis. He is status post open right shoulder surgery (9/3/13). Subjective complaints include neck and shoulder pain, particularly on the right but it occasionally radiates to the left. He has trouble sleeping due to the pain. He says his medications work well but he rates his pain as 5/10. Objective findings include range of motion (ROM) of cervical spine is within functional limits with discomfort in rotation and side bending. Cervical spine: ROM is restricted with flexion to 30 degrees, extension limited by pain to 20, right and left lateral bending limited by pain to 10. An exam of paravertebral muscles reveals hypertonicity and tenderness on both sides. Spurling's maneuver causes pain in the muscles of the neck radiating to right upper extremity. Lumbar spine ROM is restricted by pain. Patient cannot heel/toe walk. Straight leg test is negative. Lumbar facet loading on both sides is negative. Right shoulder movement is restricted with flexion limited to 170 degrees and abduction to 165 limited by pain. Left shoulder is restricted with flexion and abduction to 110 degrees, adduction to 25 and internal rotation behind body limited. Tenderness is noted in the acromioclavicular and biceps groove. Right elbow has tenderness to palpation over the lateral epicondyle. Treatment has consisted of acupuncture, Lidoderm patch, Naproxen, Omeprazole, Aspirin, Simvastatin, Atenolol, Hydrochlorothiazide, Lipitor, Allegra and Ambien. He had a cervical epidural injection at C7-T1. The utilization review determination was rendered on 8/15/2014 recommending non-certification of EMG left upper Extremity/Cervical Spine; NCV Left Upper Extremity/Cervical Spine; NCV right Upper Extremity/Cervical Spine and EMG Right Upper Extremity/Cervical Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper Extremity/Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS (Carpal Tunnel Syndrome) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases electromyography (EMG) may be helpful." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II (complex regional pain syndrome) occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician documents a positive Spurling's test, MRI results showing stenosis and disc bulging at C5-6; C6-C7 however, guidelines recommend against an EMG if objective findings and imaging studies are consistent as to the cause of the radiculopathy. In this instance the documents support that the stenosis and disc bulge are the cause of the radiculopathy. The treating physician did not note or provide objective findings that showed a concern for carpal tunnel or elbow nerve entrapment. As such the request for EMG left upper Extremity/Cervical Spine is not medically necessary.

NCV Left Upper Extremity/Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Pain, Electrodiagnostic testing (EMG/NCS)

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NCV right Upper Extremity/Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician documents a positive Spurling's test, MRI results showing stenosis and disc bulging at C5-6; C6-C7 however, guidelines recommend against an EMG if objective findings and imaging studies are consistent as to the cause of the radiculopathy. In this instance the documents support that the stenosis and disc bulge are the cause of the radiculopathy. The treating physician did not note or provide objective findings that showed a concern for carpal tunnel or elbow nerve entrapment. As such the request for NCV right Upper Extremity/Cervical Spine is not medically necessary.

EMG Right Upper Extremity/Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Pain, Electrodiagnostic testing (EMG/NCS)

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may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious". The treating physician documents a positive Spurling's test, MRI results showing stenosis and disc bulging at C5-6; C6-C7 however, guidelines recommend against an EMG if objective findings and imaging studies are consistent as to the cause of the radiculopathy. In this instance the documents support that the stenosis and disc bulge are the cause of the radiculopathy. The treating physician did not note or provide objective findings that showed a concern for carpal tunnel or elbow nerve entrapment. As such the request for EMG Right upper Extremity/Cervical Spine is not medically necessary.