

Case Number:	CM14-0148822		
Date Assigned:	09/18/2014	Date of Injury:	06/28/2013
Decision Date:	11/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/12/2014

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 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 injured worker is a 39-year-old female with a date of injury of 06/28/2013. The listed diagnoses per [REDACTED] are: 1. Cervical degenerative disk disease. 2. Lumbar degenerative disk disease. 3. Clinically consistent cervical radiculopathy. 4. Left shoulder rotator cuff tear. 5. Left shoulder rotator cuff tendinitis. According to progress report 08/15/2014, the injured worker presents with neck pain with intermittent numbness. MRI of the cervical spine from 06/18/2014 showed early degenerative changes of the cervical spine with borderline central spinal canal stenosis at C5-C6 without significant foraminal stenosis. MRI of the left shoulder from 02/19/2014 showed low-grade partial tearing of the infraspinatus tendon and severe supraspinatus tendinosis with early bursal surface fraying. MRI of the lumbar spine from 02/19/2014 revealed multilevel degenerative disk disease. The patient's medication regimen includes Norco, muscle relaxant, and Ibuprofen. The patient's surgical history includes bilateral carpal tunnel release in 2007 and left ulnar nerve release in 2007. Examination of the cervical spine revealed paraspinal muscle spasms and stiffness. Range of motion was decreased on all planes with associated pain and discomfort on the right side. There was dysesthesia noted to light touch in the right C4 and C5 dermatome. Reflexes are 2+ at bilateral biceps, triceps, and brachioradialis. Strength is 5/5 in the bilateral upper extremities. The provider is requesting authorization for an EMG and nerve conduction study of the bilateral upper extremities. Utilization review denied the request on 08/29/2014. Treatment reports from 03/07/2014 through 08/15/2014 were reviewed.

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 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic studies (EDS)

Decision rationale: This injured worker presents with neck, low back, and left shoulder pain. The provider is requesting an EMG study of the bilateral upper extremities to rule out underlining gross abnormality as the injured worker has radicular symptoms with intermittent numbness. ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. However, ACOEM may apply to acute/sub-acute conditions. ODG guidelines have the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." The injured worker has not had an EMG/NCV in the past. In this case, the injured worker presents with upper extremities symptoms. The provider is requesting both EMG and NCV. While ACOEM guidelines support electrodiagnostic studies, ODG guidelines states EMG in addition to NCV studies are not generally necessary. The requested EMG is not medically necessary.

NCV left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic studies (EDS), under Carpal Tunnel Syndrome (Acute & Chronic)

Decision rationale: This injured worker presents with neck, low back, and left shoulder pain. The provider is requesting a nerve conduction study of the bilateral upper extremities to rule out underlining gross abnormality as the injured worker has radicular symptoms and intermittent numbness. ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines have the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." The injured worker has not had an EMG/NCV in the past. The injured

worker has not had an EMG/NCV in the past. In this case, the injured worker continues with upper extremities symptoms. The NCV testing for further investigation is medically necessary.

NCV right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic studies (EDS), under Carpal Tunnel Syndrome (Acute & Chronic)

Decision rationale: This injured worker presents with neck, low back, and left shoulder pain. The provider is requesting a nerve conduction study of the bilateral upper extremities to rule out underlining gross abnormality as the injured worker has radicular symptoms and intermittent numbness. ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines have the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in injured workers with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." The injured worker has not had an EMG/NCV in the past. In this case, the injured worker continues with upper extremities symptoms. The NCV testing for further investigation is medically necessary and recommendation is for approval.

EMG right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic studies (EDS), under Carpal Tunnel Syndrome (Acute & Chronic)

Decision rationale: This injured worker presents with neck, low back, and left shoulder pain. The provider is requesting an EMG study of the bilateral upper extremities to rule out underlining gross abnormality as the injured worker has radicular symptoms and intermittent numbness. ACOEM Guidelines, page 262, states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. However, ACOEM may apply to acute/sub-acute conditions. ODG guidelines have the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in injured workers with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally

necessary." The injured worker has not had an EMG/NCV in the past. In this case, the injured worker presents with upper extremities symptoms. The provider is requesting both EMG and NCV. While ACOEM guidelines support electrodiagnostic studies, ODG guidelines states EMG in addition to NCV studies are not generally necessary. The requested EMG is not medically necessary.