

Case Number:	CM14-0153422		
Date Assigned:	09/23/2014	Date of Injury:	10/29/2013
Decision Date:	10/30/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 54-year-old male who reported an injury on 10/29/2013. The mechanism of injury reportedly occurred while he was stacking gallons of paint on pallets. His diagnoses were cervical spine strain/sprain, shoulder impingement, a sprained shoulder, carpal tunnel syndrome, thoracic spine strain/sprain, lumbar disc degeneration, and lumbar strain/sprain. His past treatment consisted of chiropractic therapy and medications. His diagnostics included an MRI of the lumbar spine and x-rays. It was noted that he had 2 right shoulder surgeries. On 06/23/2014, the injured worker complained of back, bilateral upper and lower extremity pain. The physical examination revealed decreased range of motion to bilateral shoulders, tenderness to the trapezius muscles, and hypoesthesia to the right C6 and C7. His medications were noted as Motrin 800 mg, Tylenol #3, Prilosec 20 mg, Gaba Keto compound, and Calore 100 mg. The treatment plan was for electromyography of the bilateral upper extremities and nerve conduction velocity. The rationale for the electrodiagnostic testing in the upper extremities was to assess for radiculopathy versus neuropathy. The Request for Authorization form was submitted on 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Electromyography (EMG)

Decision rationale: According to the California MTUS/ACOEM Guidelines, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms for patients presenting with true neck or upper back problems. Electromyography and nerve conduction velocity test can help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. Furthermore, the Official Disability Guidelines suggest that electromyography may be helpful for patients with double crush phenomenon when there is evidence of possible metabolic pathologies such as neuropathy secondary to diabetes or thyroid disease or evidence of peripheral compression such as carpal tunnel syndrome. Also, while cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm some problem other than cervical radiculopathy; however, these studies can result in unnecessary over treatment. The injured worker complained of back, bilateral upper, and lower extremity pain. Although the physical examination revealed hypoesthesia on the right C6 and C7, there were no further neurological deficits noted on the physical examination. Furthermore, there was a lack of documentation that showed that the injured worker had trialed and failed conservative therapy. It was only noted that he had completed 6 visits of chiropractic treatment with no result but it is unknown as to what other treatments were trialed. The physical examination did not provide enough objective findings to suggest that the injured worker had radiculopathy; therefore, not supporting the request for electromyography for the upper bilateral extremities. As such, the request for electromyography for the bilateral upper extremities is not medically necessary.

Nerve conduction velocity (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 Official Disability Guidelines (ODG)

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, Nerve conduction studies (NCS)

Decision rationale: According to the California MTUS/ACOEM Guidelines, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms for most patients presenting with true neck or upper back problems. Nerve conduction velocity tests are helpful in identifying subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. Furthermore, the Official Disability Guidelines indicate that nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by electromyography and obvious clinical signs. The injured worker complained of back and bilateral upper and lower extremity pain. The Official Disability Guidelines suggest using nerve conduction studies when

electromyography and clinical signs clearly show that the patient does not have radiculopathy; however, there was insufficient objective documentation to determine whether or not the injured worker had radiculopathy. Also, there was insufficient documentation that detailed what other conservative treatment the injured worker has trialed and failed as it was only noted that he did not make any progress with chiropractic treatment. As such, the request for nerve conduction velocity bilateral upper extremities is not medically necessary.