

Case Number:	CM14-0164196		
Date Assigned:	10/09/2014	Date of Injury:	07/18/2014
Decision Date:	11/13/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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:

The applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for neck and shoulder pain reportedly associated with an industrial injury of July 18, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; at least six prior sessions of physical therapy; and several months off of work. In a Utilization Review Report dated September 25, 2014, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. The applicant's attorney subsequently appealed. A cervical MRI of October 8, 2014 was notable for severe right-sided neural foraminal narrowing with associated nerve root impingement at the C7 level and moderate neuroforaminal narrowing at both C4-C5 and C5-C6 levels. On September 15, 2014, the applicant apparently transferred care to a new primary treating provider (PTP). The applicant reported persistent complaints of right hand and right shoulder pain. The applicant was off of work, it was acknowledged. The applicant also developed issues with anxiety. 3-5/5 right shoulder and right upper extremity strengths were appreciated with decreased sensorium noted about the right hand. Topical compounds, Vicodin, Flexeril, an interferential unit, hot and cold unit, shoulder immobilizer, cervical MRI, right shoulder MRI, and electrodiagnostic testing of the bilateral upper extremities were sought.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, EMG testing is "not recommended" for a diagnosis of nerve root involvement if the findings on history, physical exam, and imaging studies are consistent. In this case, the applicant has evidence of large disk protrusion/severe neural foraminal narrowing noted at C6-C7. The applicant, thus, has clinically evident, radiographically confirmed right-sided cervical radiculopathy, effectively obviating the need for the EMG component of the request. Similarly, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that routine usage of NCV or EMG testing with diagnostic evaluation of applicants without symptoms is "not recommended." In this case, the applicant is seemingly asymptomatic insofar as the left upper extremity is concerned. All of the applicant's symptoms, per the treating provider, were confined to the symptomatic right upper extremity. It is not clear why electrodiagnostic testing of the asymptomatic left upper extremity is being sought in the face of the unfavorable ACOEM position on testing of asymptomatic body parts. Therefore, the request is not medically necessary.