

Case Number:	CM13-0072473		
Date Assigned:	01/08/2014	Date of Injury:	03/03/2011
Decision Date:	02/28/2015	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/31/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 sustained a work related injury on March 3, 2011, opening a file cabinet which tipped forward, with the injured worker reporting pain in the left shoulder area. The injured worker was noted to have undergone arthroscopic left rotator cuff repair, debridement of a frayed labrum, and subacromial decompression on May 13, 2013. A cervical spine MRI dated October 24, 2013, was noted to show C4-C5, C5-C6, and C6-C7 small 1-2mm disc osteophyte complexes with mild central canal narrowing at the level of the disc space, the neural foramina were patent, a superimposed congenital narrowing of the spinal canal on a developmental basis, and the normal flow-void in the left vertebral artery was not well seen, likely secondary to hypoplasia and a dominant right vertebral artery. The injured worker was noted to have had a left upper extremity electrodiagnostic studies on November 25, 2013, with the impressions of an abnormal electrodiagnostic study (EMG/NCS) of the left upper extremities, no polyneuropathy, no myopathy, left C5 and C6 radiculopathy, left sensory median mononeuropathy (mild carpal tunnel syndrome, and left sensory ulnar mononeuropathy. The injured worker's conservative treatments were noted to have included physical therapy, cortisone injections, acupuncture, TENS unit, modified activities, an independent exercise program, injections in the left shoulder, cervical epidural steroid injection, trigger point injections, and oral and topical medications. A Spine Consultation dated October 15, 2013, noted the injured worker with severe neck pain radiating into the left upper extremity and left upper extremity pain, numbness, and weakness. Physical examination was noted to show pain to palpation over C4-C5, C5-C6, and C6-C7, with palpable paraspinal muscle spasms, and limited range of motion secondary to pain. The

diagnoses were listed as C4-C5, C5-C6, and C6-C7 disc protrusions, cervical stenosis, radiculopathy and radiculitis of the left upper extremity, and depression. A Pain Consultant visit dated November 5, 2013, noted the injured worker with neck and left upper extremity pain. Physical examination was noted to show a decreased range of motion in the neck, increased muscle tone of the trapezius, and palpable tenderness. The diagnoses were pain in joint shoulder and cervical disc displacement without myelopathy. The injured worker's medications were listed as Protonix, Flexeril, Topamax, Docusate Sodium, Zofran, Lodine, Sentra PM, Butrans Patch, and Celexa. The Physician requested authorization for an electromyography (EMG) of the right upper extremity. On December 4, 2013, Utilization Review evaluated the request for an electromyography (EMG) of the right upper extremity, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM), Neck and Upper Back Complaints, and the Official Disability Guidelines (ODG), Neck & Upper Back, updated May 14, 2013. The UR Physician noted the medical file documented an electromyography nerve conduction study (EMG and NCS) on November 25, 2013, showed no polyneuropathy, no myopathy, left C5 and C6 radiculopathy, left sensory median mononeuropathy, and left sensory ulnar mononeuropathy. No prior right sided electrodiagnostics have been completed and it has been requested by the surgeon for possible surgical planning. The UR Physician noted that the medical file did not support a repeat EMG of the right upper extremity as medically necessary, and that based on the clinical information submitted for review, and using the evidence-based, peer-reviewed guidelines, the request for an electromyography (EMG) of the right upper extremity was not certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of right upper extremity: Overturned

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 & Upper Back, Electromyography (EMG)

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

Decision rationale: MTUS Guidelines support the use of electrodiagnostic testing when a neurological presentation is not quite clear and there is a need for planning a possible invasive procedure. This patient meets these Guideline criteria. The right upper extremity EMG is consistent with Guidelines and is medically necessary.