

<b>Case Number:</b>	CM14-0214813		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 48-year-old female with a date of injury of 4/28/14. She experienced neck pain on the left side while trying to break up an altercation between 2 students. Treatment included a home exercise program, physical therapy, NSAIDs, and muscle relaxants. She complains of persisting pain in the neck and the left arm. In the past she had undergone bilateral trigger thumb releases and left middle trigger finger release. Per November 21, 2014 progress notes, she was complaining of left arm and neck pain. She had undergone x-rays of the left shoulder and an MRI scan of the left shoulder. She then had 6 acupuncture treatments. On June 23, 2014 she was examined and medication prescribed. On September 3, 2014 and MRI scan of the left elbow was obtained. On September 20, 2014 MRI scans of the cervical and lumbar spine were obtained. On October 11, 2014 she was given a cervical epidural steroid injection which did not help. EMG and nerve conduction studies were performed on November 19, 2014. The study was normal. At that time her complaints included the neck, left upper extremity, and left side of the body to the back. She had pain turning to the left. She could not lift the arm overhead or reach behind her back due to pain. She had pain while lifting grocery bags. She was complaining of numbness and burning and tingling in the left arm. MRI of the cervical spine dated August 22, 2014 was reviewed. A minimal bulge was seen at C5-6. A left paracentral herniation was seen at C6-7 causing nerve root compression. She was advised another epidural steroid injection at C6-7 on the left. The other option was surgery consisting of anterior cervical discectomy and fusion at C6-7. The report pertaining to electrodiagnostic studies dated 11/19/2014 is noted. All nerve conduction studies were normal. All examined

muscles showed no evidence of electrical instability. The impression was normal electrodiagnostic study of the left upper extremity with no evidence of cervical radiculopathy, brachial plexopathy, median or ulnar neuropathy. The MRI report dated 9/3/2014 is noted. MRI scan of the left elbow revealed minimal partial tearing of the distal biceps tendon at the insertion site and small amount of fluid in the bicipital radial bursa. The MRI report pertaining to the cervical spine is dated August 20, 2014. The impression was 4 mm disc protrusion at C6-C7 eccentric towards the left encroaching on the thecal sac and anterior aspect of the spinal cord with narrowing of the lateral recess. 1 and 2 mm disc bulges were noted at C3-4, C4-5, and C5-6 minimally encroaching on the thecal sac. An MRI scan of the left shoulder of 5/28/2014 revealed low-grade partial supraspinatus tear, mild biceps tendinitis, possible subtle SLAP lesion, acromioclavicular joint arthrosis and subacromial bursitis. The disputed issue pertains to a request for EMG and nerve conduction studies and orthopedic surgical consultation and treatment. The EMG and nerve conduction study was noncertified by utilization review and the surgical consultation and treatment was modified to surgical consultation citing MTUS and ODG guidelines. The consultation should be performed first and treatment recommended before it can be approved. This is now appealed to an independent medical review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG unspecified body part:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14)

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

**Decision rationale:** The injured worker had undergone EMG and nerve conduction studies on November 19, 2014. The report indicates that the study was normal with no evidence of cervical radiculopathy, brachial plexopathy, median or ulnar neuropathy. California MTUS guidelines indicate electrodiagnostic studies when the neurologic examination is less clear to obtain further physiologic evidence of nerve dysfunction before ordering an imaging study. The electrodiagnostic studies have already been performed and the documentation does not indicate any change in the neurologic status since that time. The cervical MRI scan has also been performed and there is clear evidence of a disc herniation and nerve root compression. Therefore a repeat EMG is not supported by guidelines and as such, the medical necessity of the request is not established. The request also does not specify the body part and so the medical necessity cannot be established.

**NCV unspecified body part:** 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 Page(s): 178.

**Decision rationale:** The injured worker had undergone EMG and nerve conduction studies on November 19, 2014. The report indicates that the study was normal with no evidence of cervical radiculopathy, brachial plexopathy, median or ulnar neuropathy. California MTUS guidelines indicate electrodiagnostic studies when the neurologic examination is less clear to obtain further physiologic evidence of nerve dysfunction before ordering an imaging study. The electrodiagnostic studies have already been performed and the documentation does not indicate any change in the neurologic status since that time. The cervical MRI scan has also been performed and there is clear evidence of a disc herniation and nerve root compression. Therefore a repeat EMG is not supported by guidelines and as such, the medical necessity of the request is not established. The request as stated also does not specify the body part and so medical necessity cannot be established.

**Surgical consult and treatment, neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** The California MTUS guidelines indicate referral for surgical consultation for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, with clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term, and unresolved radicular symptoms after receiving conservative treatment. A surgical consultation is therefore indicated and supported per guidelines. This has been certified by utilization review. The worker also needs treatment although the specific request for treatment will be made by the consultant. The request as stated is for the consultation and treatment and the consultation needs to be performed first and the specific treatment needs to be recommended before the medical necessity of such treatment can be established. In light of the above the medical necessity of the request as stated for "treatment neck" without specifying the treatment cannot be substantiated per guidelines.