

Case Number:	CM14-0216167		
Date Assigned:	01/06/2015	Date of Injury:	02/25/2006
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/24/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old female worker who was injured when she was lifting a case of water. The date of injury was February 25, 2006. Diagnoses include cervical sprain/strain, lumbar sprain/strain, chronic right shoulder sprain/strain, anxiety, stress and depression. On October 2, 2014, the injured worker complained of neck, back and right shoulder pain that was worse with activities. The neck and back pain were described as constant and the right shoulder pain was noted to come and go. She rated her pain as a 6 on a 1-10 pain scale. The pain was stated to get better with medication and injection. Physical examination of the cervical spine revealed decreased range of motion with tenderness over the paraspinal muscles bilaterally as well as the hypertonicity over the trapezius muscles bilaterally. There was also tenderness to the suboccipital region. There was decreased strength and sensation on the right 4/5 at C5, C6, C7 and C8. Physical examination of the right shoulder revealed decreased range of motion with tenderness over the acromioclavicular joint as well as the trapezius muscles. There was decreased strength 4/5 with flexion and extension. In physician's progress report dated November 6, 2014, the injured worker received 2 out of 8 sessions of physical therapy which were noted to be helpful in decreasing her pain. A request was made for muscle test done with nerve test. On November 25, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/NCS (nerve conduction study) of the bilateral upper extremities:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with cervical spine pain radiating to upper extremities and lumbar pain radiating to lower extremities. The request is for muscle test and new nerve test. Compression test was positive. Patient has completed 2 of 8 sessions of physical therapy for the cervical spine. Patient is currently taking Tylenol No. 3 and Voltaren gel 1% and reports improvement with her pain level from 8/10 to 3/10 after taking medication. Patient is currently working modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. Per progress report dated 12/12/14, treater's reason for the request is "to rule out cervical radiulopathy versus peripheral carpal tunnel process." The patient continues with pain and numbness in both upper hands. There is no documentation that patient has had prior EMG/NCV studies. The request appears to meet guideline criteria. Therefore, the request is medically necessary.