

Case Number:	CM14-0219176		
Date Assigned:	01/09/2015	Date of Injury:	02/09/2014
Decision Date:	03/10/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/31/2014

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 38 year old female, who sustained an industrial injury on 2/09/2014, while lifting a box weighing 30 pounds, resulting in neck pain and right shoulder pain. The diagnoses have included neck sprain/strain, brachial neuritis or radiculitis, thoracic sprain, other affections of shoulder region, not elsewhere classified. Treatment to date has included conservative care. Currently, the injured worker complains of neck pain with radicular pain to the right shoulder, rated 8-9/10. 3+ tenderness was noted over the paraspinal muscles, right greater than left, and over the cervical spine process from C1 to C7. Cervical compression test was positive bilaterally, right greater than left. Shoulder depression was positive bilaterally, right greater than left. Positive Spurling's test was noted bilaterally. There was 3-4+ tenderness over the parathoracic muscles and spinous process from T1-T7 bilaterally, right greater than left. There was tenderness on the right shoulder and range of motion was restricted, primarily on abduction and flexion. Positive Neet's and Hawkin's test was noted. The injured worker stated she was not improving. The PR2 report, dated 10/21/2014, noted a work status of total temporary disability until next visit, noting restrictions if modified work available. She would be on no repetitive work with the right upper extremity, no lifting over 5 pounds with right upper extremity, and no work at/above shoulder level on the right. On 12/15/2014, Utilization Review non-certified an electromyogram and nerve conduction studies of the right upper extremity, noting the lack of compliance with the ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, nerve conduction studies/EMGs of the right upper extremity are not medically necessary. Nerve conduction studies are not recommended to demonstrate radiculopathy has aady been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if the diagnoses may be likely based on the clinical examination. There is minimal justification for performing nerve conduction studies when the patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary overtreatment. In this case, the injured worker's working diagnoses are cervical sprain/strain superimposed DDD and disc bulges primarily at C5-C6, and C6-C7; and right shoulder tendinitis impingement syndrome, rule out cervical radiculopathy. Subjectively, the injured worker complains of neck pain with radicular pain into the right shoulder. VAS score 8/9/10. Objectively, there is cervical paraspinal muscle tenderness right greater than left. Thoracic spine is tender to palpation over the power thoracic muscles and spinous processes T1-T7. The treatment plan was to request an EMG/NCV of the right upper extremity to rule out cervical radiculopathy. MRI of the cervical spine showed a 3 mm by biforamnal disc protrusion resulting in abutment of the exiting nerve roots bilaterally. At C6 - C7, a 3 mm midline right paracentral disc protrusion resulting in moderate central canal narrowing. There is minimal justification for performing their conduction studies when the patient is already presumed to have symptoms the basis of radiculopathy. Consequently, absent clinical documentation to support an EMG/NCV, EMG/NCV of the right upper extremity is not medically necessary.