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| Case Number: | CM15-0075119 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 03/17/2012 |
| Decision Date: | 05/22/2015 | UR Denial Date: | 04/13/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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: New Jersey

Certification(s)/Specialty: Family Practice

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 43 year old male, who sustained an industrial injury on 3/17/2012. He reported a slip and fall while jumping over a ditch. The injured worker was diagnosed as having cervical spondylosis and radiculopathy and right shoulder peri-scapular pain. Cervical magnetic resonance imaging showed a cervical 3-4 disc bulge. Treatment to date has included right shoulder injection, exercise, physical therapy and medication management. In a progress note dated 3/20/2015, the injured worker complains of right shoulder pain. The treating physician is requesting a consultation for an electromyography (EMG) /nerve conduction study for the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with doctor for an EMG (electromyography)/NCV (nerve conduction velocity) for the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127, 177-178.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. Also, the MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, although there was report of paresthesias in the right arm and hand, the cervical MRI did not show any potential contributing disc level which might have caused these symptoms. Also, shoulder pain has been the primary complaint and if paresthesias are present then it is likely coming from the shoulder area, possibly impinging on nerve branches there. Also, without more documentation of sensation, reflexes, and spinal provocative testing, jumping to a nerve test without having performed a full neuro examination does not seem reasonable. Therefore, considering the above, the request for referral for EMG/NCV testing for the right extremity will be considered medically unnecessary.