

Case Number:	CM15-0092381		
Date Assigned:	05/18/2015	Date of Injury:	12/20/2014
Decision Date:	06/23/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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 53 year old female, who sustained an industrial injury on 12/20/2014. She reported pain in her neck and left shoulder, after lifting a heavy object, and was initially diagnosed with sprain of the cervical spine and left shoulder. The injured worker was diagnosed as having cervical radiculopathy, thoracic radiculopathy, left shoulder tendinitis, and status post right shoulder surgery due to a previous injury. Treatment to date has included diagnostic and medications. On 1/22/2015, the injured worker complained of neck pain and bilateral upper and mid back pain. Neurological exam noted normal muscle strength and intact sensory. Exam of the neck noted tenderness and spasms over the bilateral paracervicals and decreased range of motion. Positive testing included Spurling exam and cervical distraction test. Exam of the shoulders noted tenderness and spasm over the bilateral trapezius and left acromioclavicular joint, decreased range of motion, positive Codman's drop arm test and impingement test, positive Neer's and Hawkin's test, and positive Apley's scratch test. The laterality of positive testing with shoulder exam was not specified. X-rays of the cervical spine, thoracic spine, and left shoulder were done and results were pending. The treatment plan included prescribed medications, chiropractic, magnetic resonance imaging of the left shoulder and cervical spine, SPF (small pain fibers) nerve conduction studies of the cervical and thoracic spines, and electromyogram and nerve conduction studies of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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 section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, NCS/EMG of the bilateral upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already 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-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a 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, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are unspecified musculoskeletal disorders and symptoms referable to the neck; unspecified back disorder; brachial neuritis or radiculitis NOS; pain in thoracic spine; unspecified disorders bursa and tendons in shoulder region; other affectations of shoulder region NEC. Subjectively, according to a January 26, 2015 physician's first report, the worker complains of pain in the left paracervical region and right paracervical region that radiates to the left shoulder and right shoulder. Objectively, there is no tenderness present. The treating provider indicates there is numbness in the upper extremity (a symptom). There are no neurologic sensory or motor deficits present in the upper extremity on physical examination. Impingement signs are present. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. There are no unequivocal findings and identify specific nerve compromise on the neurologic examination sufficient to warrant EMG/NCV of the bilateral upper extremities. Additionally, the treatment plan does not contain a request for EMG/NCV nor is there a clinical indication or rationale documented in the medical record for an EMG/NCV. The request for authorization is dated April 28, 2015. The most recent documentation in the medical record is dated January 26, 2015. There is no contemporaneous progress note documentation on or about the date of request for authorization in the medical record. Consequently, absent contemporaneous clinical documentation with a clinical indication and rationale for EMG/NCV with no objective neurologic clinical findings in the upper extremities, NCS/EMG of the bilateral upper extremities is not medically necessary.