

Case Number:	CM15-0094307		
Date Assigned:	05/20/2015	Date of Injury:	08/26/2011
Decision Date:	07/02/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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

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:

The injured worker is a 36 year old male, who sustained an industrial/work injury on 8/26/11. He reported initial complaints of neck pain. The injured worker was diagnosed as having right strain of shoulder, unspecified, cervical radiculitis, and cervical radiculopathy. Treatment to date has included medication. Currently, the injured worker complains of neck pain radiating to the bilateral upper extremities with numbness and tingling. Per the primary physician's progress report (PR-2) on 3/1/15, examination noted tenderness with palpation, limited range of motion to the right shoulder and limited to flexion, extension, and internal rotation. There was moderate decreased global range of motion to the neck with moderate tenderness in the posterior neck. Current plan of care included cervical x-rays, referral to neurosurgeon, trigger point injection. The requested treatments include NCV left upper extremity, EMG right upper extremity, NCV right upper extremity, and EMG left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities. The request is for NCV left upper extremity. The request for authorization is not provided. The patient is status-post cervical fusion with hardware, 2013. MRI of the cervical spine, 03/13/15, shows no acute findings, postsurgical changes from C5-6 fusion. Physical examination of the shoulders reveals range of motion is limited. Exam of the neck reveals decreased range of motion, moderate tenderness posterior. He continues to have pain and numbness in both hands which radiates from the neck and getting worse. US of full back and shoulder, post treatment pain level is 6/10. Prior trigger point injection did not help. Patient is to continue home exercise program. Patient's medications include Norco and Omeprazole. Per progress report dated 05/27/15, the patient is to remain off-work. 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." The provider does not discuss the request. In this case, the patient continues with neck pain radiating to bilateral upper extremities. Given the patient's LEFT upper extremity symptoms, physical examination findings and diagnosis, NCV study would appear reasonable. There is no evidence that the patient has had prior LEFT upper extremity NCV study done. The request appears to meet guideline criteria. Therefore, the request IS medically necessary.

EMG right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities. The request is for EMG right upper extremity. The request for authorization is not provided. The patient is status-post cervical fusion with hardware, 2013. MRI of the cervical spine, 03/13/15, shows no acute findings, postsurgical changes from C5-6 fusion. Physical examination of the shoulders reveals range of motion is limited. Exam of the neck reveals decreased range of motion, moderate tenderness posterior. He continues to have pain and numbness in both hands which radiates from the neck and getting worse. US of full back and shoulder, post treatment pain level is 6/10. Prior trigger point injection did not help. Patient is to continue home exercise program. Patient's medications include Norco and Omeprazole. Per progress report dated 05/27/15, the patient is to remain off-work. 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." The provider does not discuss the request. In this case, the patient continues with neck pain radiating to bilateral upper extremities. Given the patient's RIGHT upper extremity symptoms, physical examination findings and diagnosis, EMG study would appear reasonable. There is no evidence that the patient has had prior RIGHT upper extremity EMG study done. The request appears to meet guideline criteria. Therefore, the request IS medically necessary.

NCV right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities. The request is for NCV right upper extremity. The request for authorization is not provided. The patient is status-post cervical fusion with hardware, 2013. MRI of the cervical spine, 03/13/15, shows no acute findings, postsurgical changes from C5-6 fusion. Physical examination of the shoulders reveals range of motion is limited. Exam of the neck reveals decreased range of motion, moderate tenderness posterior. He continues to have pain and numbness in both hands which radiates from the neck and getting worse. US of full back and shoulder, post treatment pain level is 6/10. Prior trigger point injection did not help. Patient is to continue home exercise program. Patient's medications include Norco and Omeprazole. Per progress report dated 05/27/15, the patient is to remain off-work. 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." The provider does not discuss the request. In this case, the patient continues with neck pain radiating to bilateral upper extremities. Given the patient's RIGHT upper extremity symptoms, physical examination findings and diagnosis, NCV study would appear reasonable. There is no evidence that the patient has had prior RIGHT upper extremity NCV study done. The request appears to meet guideline criteria. Therefore, the request IS medically necessary.

EMG left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities. The request is for EMG left upper extremity. The request for authorization is not provided. The patient is status-post cervical fusion with hardware, 2013. MRI of the cervical spine, 03/13/15, shows no acute findings, postsurgical changes from C5-6 fusion. Physical examination of the shoulders reveals range of motion is limited. Exam of the neck reveals decreased range of motion, moderate tenderness posterior. He continues to have pain and numbness in both hands which radiates from the neck and getting worse. US of full back and shoulder, post treatment pain level is 6/10. Prior trigger point injection did not help. Patient is to continue home exercise program. Patient's medications include Norco and Omeprazole. Per progress report dated 05/27/15, the patient is to remain off-work. 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." The provider does not discuss the request. In this case, the patient continues with neck pain radiating to bilateral upper extremities. Given the patient's LEFT upper extremity symptoms, physical examination findings and diagnosis, EMG study would appear reasonable. There is no evidence that the patient has had prior LEFT upper extremity EMG study done. The request appears to meet guideline criteria. Therefore, the request IS medically necessary.