

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/3/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	10/9/2012
IMR Application Received:	8/9/2013
MAXIMUS Case Number:	CM13-0009345

- 1) MAXIMUS Federal Services, Inc. has determined the request for **electromyography, bilateral upper extremities** is medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/9/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **electromyography, bilateral upper extremities is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 47 year-old, right hand dominant female who sustained injuries to the right wrist, hip, shoulder and arm and vague neck and back injuries following a 10/09/12 slip and fall. The patient also had a cumulative trauma injury from 09/14/98 – 03/13/13. Cervical sprain/strain and radiculopathy, shoulder impingement and wrist tendinitis/bursitis were diagnosed. The patient's history was also significant for type II diabetes, hypertension and migraines. The patient was treated for continued neck pain radiating into the upper extremities with pain, paresthesias and right shoulder and wrist pain. X-rays of the right shoulder and right wrist on 10/10/12 were normal.

An MRI of the right shoulder on 10/20/12 revealed prominent bone marrow edema and possible bone bruising of the distal clavicle, but no fractures were identified. The acromioclavicular (AC) joint was otherwise unremarkable. The rotator cuff, labrum and biceps anchor were normal. Treatments included medications, work restrictions, physical therapy, home exercises, acupuncture, and a cortisone injection to the right AC joint on 12/24/12 which resolved her pain for about 1 week.

██████████ saw the patient on 04/04/13 for complaints of continued pain in the neck traveling to her right shoulder blades, arms and hands with numbness and tingling in the right shoulder and arm, intermittent dizziness, frequent headaches and stiffness in the neck, cramping and weakness in the right hand and reports of dropping several objects. The patient's pain was aggravated when tilting her head up and down or moving it from side to side. Examination of the cervical spine showed spasm and tenderness over the upper trapezium, paravertebral musculature and interscapular area. Range of motion was uncomfortable and with spasm. Upper extremity reflexes were 2+ throughout bilaterally. Tinel's sign at the wrists and elbows were negative. Upper extremity strength was 5/5 throughout bilaterally, except the right deltoid which was 4/5. Upper extremity sensation was intact throughout except C6 on the right which was decreased

with pain. Examination of the shoulders showed that impingement and Hawkins signs were positive on the right. Yergason's test was also positive on the right. There was tenderness over the distal radius and carpus on the right. Phalen's and reverse Phalen's were positive on the right. X-rays of the right wrist were obtained and showed no fractures. There was normal articulation of the scapholunate. X-rays of the right shoulder reportedly did not show any fractures, but a type 2 acromion was noted in the right shoulder. Six sessions of acupuncture, a right wrist support, an MRI of the cervical spine and neurodiagnostic studies of the bilateral upper extremities were recommended. [REDACTED] 07/18/13 exam showed spasm, tenderness and guarding in the paravertebral musculature of the cervical spine with loss of range of motion. The right shoulder exam showed impingement and Hawkins signs with decreased flexion and abduction. The right wrist showed tenderness at the distal radius with decreased grip strength and positive Phalen's and reverse Phalen's signs.

The requested electrodiagnostic study of the bilateral upper extremities was denied on a 07/30/13 review. On 07/31/13, [REDACTED] appealed the decision stating it was recommended to evaluate the patient's radiculopathy since she continues with symptoms despite conservative care along with oral pain medications. He indicated that the patient had neck pain with radiculopathy in the upper extremities with numbness, tingling and weakness and decreased dermatomal sensation with pain over the bilateral C6 dermatome. An MRI of the cervical spine on 08/21/13 revealed nonspecific straightening of the normal cervical lordosis, query strain versus secondary to spondylotic changes. Clinical correlation was advised. At C2-3 there was a 1-2 millimeter posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. C3-4 was with moderate to severe right and mild to moderate left neural foraminal narrowing secondary to a 2-3 millimeter posterior disc bulge and uncovertebral osteophyte formation. Mild canal stenosis and bilateral exiting nerve root compromise were seen. At C4-5 there was a 1-2 millimeter posterior disc bulge and mild canal stenosis without evidence of neural foraminal narrowing. C5-6 was with a 2-3 millimeter posterior disc bulge and mild canal stenosis without evidence of neural foraminal narrowing. At C6-7 there was mild bilateral neural foraminal narrowing secondary to a 2-3 millimeter posterior disc bulge and uncovertebral osteophyte formation. Mild canal stenosis and bilateral exiting nerve root compromise were seen.

On 08/09/13, the requested electromyography of the bilateral upper extremities was again denied stating that the patient is at maximum medical improvement, had no clinical findings, the most recent exam was 3 ½ months prior and considering all the symptoms were on the right.

[REDACTED] reviewed medical records on 09/19/13 and stated he did not recommend surgery, but recommended continuation of medications and a pain management consultation for possible epidural steroid injections.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for electromyography, bilateral upper extremities :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Chapter on Low Back Disorder, section on Magnetic Resonance Imaging as well as the ACOEM Chapter on Low Back Disorder, section on Electromyography, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg. 178, which is part of the MTUS.

Rationale for the Decision:

The ACOEM Guidelines state that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected.

The employee sustained an injury on 10/9/12 after a slip and fall and is over one year out from injury. The medical records provided for review show that the employee has multiple diagnoses including cervical sprain/strain, radiculopathy, impingement, wrist tendinitis, and bursitis. Comorbidity factors include type II diabetes, hypertension, and migraine headaches. The employee has failed to respond to conservative treatment. It is felt that the employee has radiculopathy. A cervical MRI dated 8/21/13 revealed neuroforaminal narrowing and mild stenosis. Since the employee's symptoms have been ongoing, an electromyography would be appropriate to determine if there is, in fact, a cervical radiculopathy or compressive neuropathy accounting for the ongoing symptomatology. **The request for the electromyography, bilateral upper extremities is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/rjs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.