MAXIMUS Federal Services

Case Number:	CM14-0150255		
Date Assigned:	09/18/2014	Date of Injury:	06/26/2012
Decision Date:	11/06/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39-year-old female with a reported date of injury on 06/26/2012. The mechanism of injury was noted to be a pushing injury. Her diagnoses were noted to include cervical spine sprain/strain, herniated cervical disc radiculitis/radiculopathy, status post left shoulder arthroscopic surgery, and subacromial decompression. Her previous treatments were noted to include physical therapy, surgery, acupuncture, chiropractic treatment, and medications. The MRI of the cervical spine performed on 02/10/2014 revealed disc desiccation at the C2-3 to C6-7 levels. C3-4 had focal central disc protrusion with an annular tear effacing the thecal sac. The C4 exiting nerve roots were unremarkable. The progress note dated 03/04/2014 revealed complaints of pain to the neck with extension to the arm, left shoulder that was aggravated with overhead reaching. The physical examination of the cervical spine revealed decreased range of motion and tenderness over the cervical paraspinal musculature. There was a positive foraminal compression test. The physical examination of the left shoulder revealed decreased range of motion. There was a positive impingement test on the left and positive subacromial grinding and clicking on the left. The progress note dated 05/27/2014 revealed complaints of neck pain. The injured worker indicated the acupuncture was helpful. The physical examination was illegible. The Request for Authorization form was not submitted within the medical records. The request was for a nerve conduction velocity of the bilateral upper extremities and electromyography of the bilateral upper extremities. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity (NCV) of Right Upper Extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve Conduction Studies.

Decision rationale: The request for a Nerve Conduction Velocity (NCV) of Right Upper Extremity is not medically necessary. The injured worker complains of neck pain that radiates to the shoulder. The Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has clearly been 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 nonneuropathic processes if other diagnoses may be likely based on the clinical exam. 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 a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than cervical radiculopathy, with caution that these studies can result in unnecessary overtreatment. There is a lack of documentation showing significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal distribution. Therefore, the request is not medically necessary.

Electromyography (EMG) of Left Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an Electromyography (EMG) of Left Upper Extremity is not medically necessary. The injured worker complains of neck pain that radiates to the shoulder. The CA MTUS/ACOEM Guidelines state electromyography and nerve conduction velocities, including H reflex tests, "may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks." The guidelines state electromyography can be used to "identify physiologic insult and anatomic defects." There is a lack of documentation showing significant neurological deficits such as decreased sensation or motor strength within a specific dermatomal distribution. Therefore, the request is not medically necessary.

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