

Case Number:	CM13-0003087		
Date Assigned:	11/22/2013	Date of Injury:	06/27/2013
Decision Date:	02/05/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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 patient is a 59-year-old female who reported an injury on 06/27/2013. The patient is currently diagnosed with cervicalgia, lumbosacral strain, thoracic strain, carpal tunnel syndrome, and radiculitis. The patient was seen by [REDACTED] on 09/10/2013. Physical examination revealed diminished range of motion with slight tingling and numbness in the bilateral hands, thumbs, and index fingers. Treatment recommendations included continuation of current medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve Conduction (Outpatient Setting): 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): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Nerve conduction studies (NCS)

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities, including H-reflex test, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. Official

Disability Guidelines state nerve conduction studies are not recommended to demonstrate radiculopathy, if radiculopathy has already been clearly identified by EMG and obvious clinical signs. 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 a cervical radiculopathy. As per the clinical notes submitted, there is no evidence of a significant neurological deficit noted on physical examination. Details of imaging studies such as x-ray of bilateral upper extremities were not specified in the records provided. The medical necessity has not been established. Therefore, the request is non-certified.