

Case Number:	CM13-0007554		
Date Assigned:	12/11/2013	Date of Injury:	03/09/2011
Decision Date:	01/28/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a male patient with a date of injury of March 19, 2011. A utilization review determination dated July 18, 2013 recommends, noncertification of EMG bilateral upper extremities and NCV bilateral upper extremities. Electrodiagnostic study dated February 12, 2013 identifies normal EMG and normal NCV. Subjective complaints at that time identify, "the patient is complaining of pain in his cervical spine and shoulders, which radiates to the bilateral elbows with associated symptoms of numbness, tingling, and weakness." Objective examination findings identify, "special test: cervical compression and cervical distraction tests are negative. Phalen's and Tinel's sign are negative, bilaterally. Motor and sensory: muscle strength: 5/5. There were no areas of decreased sensation to light touch and pinprick of the upper extremities." Diagnosis states "rule out cervical radiculopathy." A progress report dated October 23, 2013 identifies, "constant upper back pain, which is rated as moderate to severe. He reports no radiation of pain. He reports numbness and tingling sensation. His pain is increased at work." Objective examination identifies, "orthopedic tests: negative compression, Spurling's, and distraction. Reflexes: C5 through C7 are equal and symmetrical. Pinwheel sensory dermatomes C5 -T1 are intact." Treatment plan recommends continuing chiropractic care, psychological consultation, orthopedic consultation, and medication. A progress report dated June 19, 2013 identifies subjective complaints stating, "His pain radiates to the bilateral arms. He reports numbness and tingling sensation." Physical examination identifies normal sensation and reflexes with negative orthopedic tests. Diagnoses include cervical spine strain/sprain. Treatment plan recommends, "I am going to request an MRI of the bilateral shoulders and cervical spine. We need to obtain the EMG/NCV of bilateral upper extremities, which the patient states he has had performed."

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for electromyography (EMG) bilateral upper extremities: 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, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale:

Request for nerve conduction velocity (NCV) bilateral upper extremities: 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. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: