Case Number:	CM13-0027159		
Date Assigned:	11/22/2013	**Date of Injury:**	01/07/2013
Decision Date:	03/14/2014	**UR Denial Date:**	08/26/2013
Priority:	Standard	**Application Received:**	09/09/2013

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 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:

The patient is a 51-year-old male who reported a work related injury on 01/07/2013, as a result of strain to the upper back, right shoulder and cervical spine. Electrodiagnostic studies of the bilateral upper extremities, dated 04/22/2013 performed under the care of [redacted] revealed electrodiagnostic evidence of a right radial mononeuropathy that was affecting the muscles distal to the brachioradialis. The motor response was diminished in amplitude as well. The sensory responses were preserved in a radicular process, but no radial innervated C7 muscles such as the triceps and flexor carpi radialis (FCR) were affected. A radicular process was less likely but clinical correlation was advised and cervical MRI was recommended. MRI of the cervical spine dated 05/07/2013 signed by [redacted]: (1) quite a bit of cervical spondylitic deformity, annular osteophyte formation and peridiscal marrow edema; (2) impression upon the anterior cord at C3-4 and C5-6 over broad base; (3) high grade foraminal compromise at multiple levels. Clinical note dated 07/25/2013 reports the patient was examined under the care of [redacted]. The provider documents the patient has not sustained any new injuries. The patient reports continued cervical spine pain, bilateral shoulder pain, and bilateral hand pain. The provider documented upon physical exam of the patient, palpation of the cervical spine revealed tenderness over the midline bilateral paraspinous musculature, and bilateral trapezius. The provider documented the patient's grip strength was weaker to the right upper extremity. Decreased sensation was noted over the middle and ring fingers of the left hand. The provider documented rendering prescriptions for Flexeril, Motrin, and Omeprazole. The provider recommended authorization for repeat electrodiagnostic studies of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat electromyography/nerve conduction study (EMG/NCS) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation ODG (Neck and Upper Back Chapter).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to show evidence of a progression or significant change in the patient's neurological findings. The clinical notes documented the patient underwent previous electrodiagnostic studies of the bilateral upper extremities just over nine (9) months ago, which revealed right radial mononeuropathy. The MTUS/ACOEM Guidelines indicate that when the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given the lack of a significant change in condition or increase in symptomatology objectively evidenced upon clinical notes submitted for this review, the request for repeat electromyography/nerve conduction study (EMG/NCS) of the bilateral upper extremities is neither medically necessary nor appropriate.