

Case Number:	CM13-0035636		
Date Assigned:	12/13/2013	Date of Injury:	12/03/2012
Decision Date:	02/25/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/17/2013

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 35-year-old female who reported an injury on 12/03/2012. The patient is diagnosed with cervical radiculopathy. The patient was seen by [REDACTED] on 10/16/2013. The patient has undergone 2 epidural steroid injections. Physical examination revealed decreased range of motion. Treatment recommendations included continuation of current medication and a neurologic workup including EMG/NCV studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologic consultation with EMG/NCV Studies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): 89-92, 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Electrodiagnostic Testing

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular

cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. Electromyography and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, lasting more than 3 or 4 weeks. As per the clinical documentation submitted, there was no evidence of a comprehensive physical examination on the requesting date of 10/16/2013. The patient's previous examination is dated 02/11/2013, and again does not reveal any significant neurologic deficit. The patient has previously undergone EMG and NCV studies in 01/2013 for complaints of left upper extremity pain and pricking sensation. Electrodiagnostic report revealed normal findings of bilateral upper extremities with the exception of possible carpal tunnel syndrome. There was no evidence of bilateral cervical radiculopathy. The medical necessity of repeating electro diagnostic studies as well as a neurological consultation has not been established. Therefore, the request is non-certified.