

Case Number:	CM13-0037172		
Date Assigned:	04/25/2014	Date of Injury:	02/08/2012
Decision Date:	06/11/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/26/2013

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 & 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 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:

This is a patient with a date of injury of February 8, 2012. A utilization review determination dated September 19, 2013 recommends non-certification of EMG/NCS of bilateral upper extremities. A progress report dated September 3, 2013 identifies subjective complaints including headaches. Physical examination findings identify normal reflexes and motor examination. Diagnoses include cervical facet syndrome, cervical pain, myalgia, and postconcussion syndrome. The treatment plan recommends obtaining an EMG/NCS of bilateral upper extremities to consider brachial plexus injury. The note states that the MRI of the neck and left shoulder are normal. An MRI of the cervical spine dated July 2, 2013 identified mild disc desiccation from C2 through C6 levels without any stenosis, neuroforaminal narrowing, or nerve root impingement. A progress report dated June 25, 2013 includes subjective complaints of neck pain and headaches. A qualified medical examination dated May 20, 2013 identifies subjective complaints of pain in the left shoulder, head, and neck. Physical examination identifies reduced left grip strength and normal reflexes. The diagnoses include cervical strain, status post electrocution, left shoulder pain, thoracolumbar strain, bilateral knee pain, and possible posttraumatic stress disorder. Future medical care recommends diagnostic studies including MRI and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178,182,261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies, Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

Decision rationale: Regarding the request for EMG of right upper extremity, Occupational Medicine Practice Guidelines state that the 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 three or four weeks. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. Therefore, in the absence of such documentation, the currently requested EMG of right upper extremity is not medically necessary and appropriate.

EMG LEFT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178,182,261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies, Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

Decision rationale: Regarding the request for EMG of left upper extremity, Occupational Medicine Practice Guidelines state that the 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 three or four weeks. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. Therefore, in the absence of such documentation, the currently requested EMG of left upper extremity is not medically necessary and appropriate.

NCS LEFT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178,182,261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter,

Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies, Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

Decision rationale: Regarding the request for NCS of left upper extremity, Occupational Medicine Practice Guidelines state that the 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 three or four weeks. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. Therefore, in the absence of such documentation, the currently requested NCS of left upper extremity is not medically necessary and appropriate.

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Decision rationale: Regarding the request for NCS of right upper extremity, Occupational Medicine Practice Guidelines state that the 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 three or four weeks. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. Therefore, in the absence of such documentation, the currently requested NCS of right upper extremity is not medically necessary and appropriate.