

Case Number:	CM13-0061107		
Date Assigned:	12/30/2013	Date of Injury:	01/17/2008
Decision Date:	06/27/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 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:

According to the records made available for review, this is a 44-year-old female with a 1/17/08 date of injury. At the time of request for authorization for EMG/NCS of the neck, there is documentation of subjective findings of neck and upper extremity pain with numbness and tingling in the hands and objective findings of tenderness and tightness over the cervical spine, posterior shoulders, and upper extremities; decreased cervical spine range of motion; decreased sensation over the left C7 and right C7-8 and positive Phalen's. The current diagnoses are repetitive strain injury, myofascial pain syndrome, bilateral carpal tunnel syndrome, and degenerative cervical disc disease. The treatment to date include epidural blocks, physical therapy, and medications. Medical report identifies a request for a repeat EMG and NCS. There is no documentation of an interval injury or progressive neurologic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS OF THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG Neck and Upper Back, Electromyography and Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 33 & 177. Decision based on Non-MTUS Citation Other Medical

Treatment Guideline or Medical Evidence: Nerve Conduction Velocity Studies
(http://www.aetna.com/cpb/medical/data/500_599/0502.html)

Decision rationale: California MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. California Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of repetitive strain injury, myofascial pain syndrome, bilateral carpal tunnel syndrome, and degenerative cervical disc disease. However, given documentation of a request for a repeat EMG and NCS, there is no documentation of an interval injury or progressive neurologic findings. In addition, there is no documentation of the previous electrodiagnostic study. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCS of the neck is not medically necessary.