

Case Number:	CM13-0064159		
Date Assigned:	01/03/2014	Date of Injury:	01/30/2000
Decision Date:	12/02/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/11/2013

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, has a subspecialty in Pain Medicine 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 1/30/00. A utilization review determination dated 11/15/13 recommends non-certification of EMG/NCV. The medical report dated 10/16/13 identifies cervical spine pain with headaches and radiation into both shoulder (but not into arms) and "jumping sensations" down to the hand. On exam, there is tenderness, limited range of motion (ROM), and no abnormal neurological findings noted. Recommendations include a current EMG/NCV because of the paresthesias she experiences in the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG of bilateral upper extremities, the California MTUS states that 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 physical examination findings identifying subtle focal neurologic deficits for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested electromyography (EMG) of the bilateral upper extremities is not medically necessary.

Nerve Conduction Velocity (NCV) of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for NCV of bilateral upper extremities, the California MTUS states that 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 physical examination findings identifying subtle focal neurologic deficits for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested NCV of bilateral upper extremities is not medically necessary.