

Case Number:	CM13-0065903		
Date Assigned:	03/03/2014	Date of Injury:	04/16/2013
Decision Date:	05/27/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 Illinois. 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:

The injured worker is a 36-year-old male who reported an injury on 04/16/2013 due to a fall. The injured worker reportedly sustained an injury to their low back and cervical spine. The injured worker's treatment history included multiple medications, physical therapy, and a lumbar brace. The injured worker underwent an electrodiagnostic study in 07/2013. It was determined there were no significant abnormalities or evidence of radiculopathy or neuropathy. The injured worker was evaluated on 11/25/2013. It was documented the injured worker had restricted cervical spine range of motion secondary to pain, restricted lumbar range of motion secondary to pain with decreased sensation in the dorsal aspect of the left foot. The injured worker had tenderness to palpation in the bilateral paraspinal musculature. The injured worker's diagnoses included left lumbosacral strain, left lumbosacral radiculopathy, myofascial pain syndrome, bilateral cervical strain, and bilateral cervical radiculopathy. The injured worker's treatment plan included an epidural steroid injection, an MRI of the cervical spine, electrodiagnostic study of the bilateral upper and lower extremities, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 178.

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

Decision rationale: The requested EMG/NCS of the bilateral upper extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when there is evidence of radiculopathy but does not clearly define the level at which the injury occurred. The injured worker's most recent evaluation does not provide any evidence of radicular findings related to the cervical spine injury. Additionally, the injured worker underwent an electrodiagnostic study of the bilateral upper extremities in 07/2013. No abnormalities were identified. There has been no significant change in the injured worker's clinical presentation to support the need for an additional electrodiagnostic study. As such, the requested EMG/NCS of the bilateral upper extremities is not medically necessary or appropriate.