

Case Number:	CM13-0068703		
Date Assigned:	01/03/2014	Date of Injury:	09/12/2006
Decision Date:	05/27/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/19/2013

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 Texas and Oklahoma. 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 47-year-old female who reported an injury on 09/12/2006. The mechanism of injury was not provided in the medical records. Her diagnoses include lumbago, bilateral sciatica, and upper extremity radiculopathy with progressing weakness. The 11/14/2013 clinic note reported a complaint of neck pain with bilateral upper extremity numbness and weakness. On exam of the cervical spine she had 30 degree extension, 40 degrees rotation and lateral bending bilaterally. She had tenderness to palpation along the paracervical muscles, the trapezius muscle, and the medial scapular borders with numbness along the trapezial muscle and down her entire arm and to all fingers. She had 4/5 muscle strength bilaterally to her upper extremities with 2/2 deep tendon reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ELECTROMYOGRAPHY (EMG) AND NERVE CONDUCTION STUDIES (NCS) OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: California ACOEM Guidelines state special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Additionally, electromyography and nerve conduction velocities are indicated to help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The documentation submitted did not provide evidence of myotomal or dermatomal findings to support the need for electrodiagnostic studies. Additionally, the documentation did not provide evidence of failed outcomes from a 3 to 4 week period of conservative care including ongoing assessment of subjective complaints and objective measurements for pain and functional deficits on a numeric scale. As such, the request is not medically necessary or appropriate.