Case Number:	CM14-0007107		
Date Assigned:	02/07/2014	**Date of Injury:**	05/28/2013
Decision Date:	07/03/2014	**UR Denial Date:**	01/02/2014
Priority:	Standard	**Application Received:**	01/18/2014

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 Medicie and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 23-year-old male who reported an injury on 05/28/2013 after lifting 150 pound piece of dough. The injured worker reportedly sustained an injury to his low back with radiating pain into the bilateral lower extremities and ultimately developed neck pain that radiated into the bilateral upper extremities. The injured worker's treatment history included 4 sessions of chiropractic treatment and ongoing physical therapy treatment. The injured worker was evaluated on 12/18/2013 and it was documented that the injured worker had low back pain radiating into the bilateral lower extremities and neck pain radiating into the bilateral upper extremities. The injured worker had restricted range of motion of the lumbar and cervical spine. An orthopedic evaluation revealed a cervical compression test that elicited cervical spine pain. It was noted within the documentation that the injured worker had undergone an MRI of the cervical spine in 11/2013 that concluded there were multilevel disc bulges. However, no significant spinal canal stenosis or neural impingement was indicated. The injured worker's diagnoses included disc degeneration of the lumbar spine, rupture/herniated lumbar disc, low back pain, shoulder tendonitis bilaterally, and bilateral shoulder osteoarthritis. A request was made for electrodiagnostic studies of the upper extremities and no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY) 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 Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies when a more precise delineation of an injured worker's particular symptoms is required for treatment. The clinical documentation submitted for review does not provide any evidence of radicular findings up examination to support the injured worker's subjective complaints. Additionally, the clinical documentation does indicate that the injured worker underwent an MRI of the cervical spine that did not provide any evidence of neural impingement or significant spinal canal stenosis. Therefore, it is unclear how an additional electrodiagnostic study would contribute to the injured worker's treatment plan. As such, the requested EMG (electromyography) of the left upper extremity is not medically necessary or appropriate.

NCV (NERVE CONDUCTION VELOCITY) TEST LEFT UPPER EXTREMITY: 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 Official Disability Guidelines (ODG) Neck and Upper Back (updated 12/16/2013) Nerve Conduction Studies (NCS).

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

Decision rationale: The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies when a more precise delineation of an injured worker's particular symptoms is required for treatment. The clinical documentation submitted for review does not provide any evidence of radicular findings up examination to support the injured worker's subjective complaints. Additionally, the clinical documentation does indicate that the injured worker underwent an MRI of the cervical spine that did not provide any evidence of neural impingement or significant spinal canal stenosis. Therefore, it is unclear how an additional electrodiagnostic study would contribute to the injured worker's treatment plan. As such, the requested NCV (nerve conduction velocity) test of the left upper extremity is not medically necessary or appropriate.

EMG (ELECTROMYOGRAPHY) 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 Page(s): 177-179.

Decision rationale: . The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies when a more precise delineation of an injured worker's particular symptoms is required for treatment. The clinical documentation submitted for review does not provide any evidence of radicular findings up examination to support the injured worker's subjective complaints. Additionally, the clinical documentation does indicate that the injured worker underwent an MRI of the cervical spine that did not provide any evidence of neural impingement or significant spinal canal stenosis. Therefore, it is unclear how an additional electrodiagnostic study would contribute to the injured worker's treatment plan. As such, the requested EMG (electromyography) of the right upper extremity is not medically necessary or appropriate.

NCV (NERVE CONDUCTION VELOCITY) RIGHT UPPER EXTREMITY: 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 Official Disability Guidelines (ODG) Neck and Upper Back (updated 12/16/2013) Nerve Conduction Studies (NCS).

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

Decision rationale: The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies when a more precise delineation of an injured worker's particular symptoms is required for treatment. The clinical documentation submitted for review does not provide any evidence of radicular findings up examination to support the injured worker's subjective complaints. Additionally, the clinical documentation does indicate that the injured worker underwent an MRI of the cervical spine that did not provide any evidence of neural impingement or significant spinal canal stenosis. Therefore, it is unclear how an additional electrodiagnostic study would contribute to the injured worker's treatment plan. As such, the requested NCV (nerve conduction velocity) test of the right upper extremity is not medically necessary or appropriate.