

Case Number:	CM14-0113606		
Date Assigned:	08/01/2014	Date of Injury:	11/22/2013
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Practice 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 44-year-old claimant sustained a work injury on November 19, 2013 involving the cervical spine and upper extremities. She was diagnosed with C-5 - C6 disc extrusion and right-sided C6 radiculitis. On June 19, 2014 indicated the claimant continued neck pain. She had a normal EMG and nerve conduction study in May 2014. Her examination at the time was notable for palpable spasms in the cervical region, slightly decreased strength in the right brachioradialis and diminished sensation in the C6 distribution. The Spurling's test was positive. The treating physician recommended a repeat nerve study due to progressive worsening weakness while raising her right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

A repeat EMG (electromyogram) of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the Forearm, Wrist, and Hand Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines,

an EMG is not recommended for routine diagnostic evaluation of nerve entrapment in patients without screening. Although the claimant had signs of nerve involvement, the claimant had a normal EMG study 1-month prior. In addition, the distribution of nerve involvement was known by clinical exam. The request for a repeat EMG of the bilateral upper extremities is not medically necessary or appropriate.

A repeat NCS (nerve conduction study) of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines, an NCV is not recommended for routine diagnostic evaluation of nerve entrapment in patients without screening. An NCV is recommended for median or ulnar impingement at the wrist after failure of treatment. The claimant did not have these findings. The claimant had a normal NCV study 1-month prior. In addition, the distribution of nerve involvement was known by clinical exam. The request for a repeat NCS of the upper bilateral extremities is not medically necessary or appropriate.