

Case Number:	CM14-0116137		
Date Assigned:	08/04/2014	Date of Injury:	06/17/2014
Decision Date:	09/12/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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 Medicine and Rehabilitation and is licensed to practice in Texas. 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 51 year old male who sustained an injury on 06/17/14 due to cumulative trauma to the neck and spine. The injured worker was initially seen on 06/30/14 reporting complaints of neck pain radiating to the upper extremities and low back pain radiating to the lower extremities. On physical examination range of motion was decreased in the cervical spine. Foraminal compression signs and Jackson testing was positive. The injured worker was recommended for chiropractic therapy at this visit. Follow up on 07/03/14 noted continuing complaints of neck pain and back pain radiating to the left upper extremity and left lower extremity. The injured worker reported no improvement with anti-inflammatories or exercises. On physical examination the injured worker had tenderness to palpation in the midline at T12. Straight leg raise testing was negative. There was no evidence of any neurological deficit on physical examination. Radiographs of the cervical spine from 07/03/14 noted mild degenerative disc disease in the cervical spine. No fractures or acute trauma was noted. The requested electrodiagnostic (EMG/NCS) studies of the upper extremities were non-certified by utilization review on 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: The requested electrodiagnostic studies including EMG and NCS of the upper extremities are not recommended as medically necessary based on the clinical documentation submitted for review and current evidence based guidelines. The clinical documentation submitted for review did not identify any clear evidence of neurological deficit that would require further diagnostic testing to confirm whether there was presence of radiculopathy versus peripheral neuropathy. Physical examination findings were primarily myofascial in nature. Therefore, the requested Electromyography (EMG) Left Upper Extremity is not medically necessary and appropriate.

Nerve Conduction Study 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): 176-177.

Decision rationale: The requested electrodiagnostic studies including EMG and NCS of the upper extremities are not recommended as medically necessary based on the clinical documentation submitted for review and current evidence based guidelines. The clinical documentation submitted for review did not identify any clear evidence of neurological deficit that would require further diagnostic testing to confirm whether there was presence of radiculopathy versus peripheral neuropathy. Physical examination findings were primarily myofascial in nature. As such, Nerve Conduction Study Left Upper Extremity is not medically necessary and appropriate.

Nerve Conduction Study 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): 176-177.

Decision rationale: The requested electrodiagnostic studies including EMG and NCS of the upper extremities are not recommended as medically necessary based on the clinical documentation submitted for review and current evidence based guidelines. The clinical documentation submitted for review did not identify any clear evidence of neurological deficit that would require further diagnostic testing to confirm whether there was presence of

radiculopathy versus peripheral neuropathy. Physical examination findings were primarily myofascial in nature. Therefore, the request of Nerve Conduction Study Right Upper Extremity is not medically necessary and appropriate.

Electromyography (EMG) 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 Chapter.

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Decision rationale: The requested electrodiagnostic studies including EMG and NCS of the upper extremities are not recommended as medically necessary based on the clinical documentation submitted for review and current evidence based guidelines. The clinical documentation submitted for review did not identify any clear evidence of neurological deficit that would require further diagnostic testing to confirm whether there was presence of radiculopathy versus peripheral neuropathy. Physical examination findings were primarily myofascial in nature. Therefore, Electromyography (EMG) Right Upper Extremity is not medically necessary and appropriate.