

Case Number:	CM14-0137307		
Date Assigned:	09/05/2014	Date of Injury:	06/22/2012
Decision Date:	12/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/26/2014

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, has a subspecialty in Pain Medicine 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 patient with a date of injury of 6/22/12. A utilization review determination dated 8/12/14 recommends non-certification of EMG/NCV BUE. 7/22/14 medical report identifies neck and upper back pain with radiation to the bilateral upper extremities with some intermittent numbness affecting the hands, weakness of the extremities, and pain in the right shoulder. On exam, there is limited ROM, tenderness, decreased sensation in the bilateral ventral aspect of the thumb and first two and a half digits, positive bilateral Spurling's sign, negative Tinel's at the bilateral wrists and ulnar grooves, and positive right shoulder impingement sign. Recommendations include cervical spine MRI to rule out herniated disc and nerve root impingement and EMG/NCS of the bilateral upper extremities to rule out radiculopathy versus carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical & Thoracic Spine Disorders, EMG/NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182.

Decision rationale: Regarding the request for EMG/NCV bilateral upper extremities, CA MTUS and ACOEM state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the provider recommended this study to rule out cervical radiculopathy versus carpal tunnel syndrome. He also recommended cervical MRI in addition to the electrodiagnostic studies. The objective findings are not highly suggestive of carpal tunnel syndrome and the MRI results may obviate the need for further study with electrodiagnostic testing. A clear rationale identifying the medical necessity of both tests concurrently has not been documented. In light of the above issues, the currently requested EMG/NCV bilateral upper extremities is not medically necessary.