

Case Number:	CM14-0167386		
Date Assigned:	10/14/2014	Date of Injury:	11/07/2013
Decision Date:	11/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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 November 7, 2013. A utilization review determination dated September 11, 2014 recommends non-certification of bilateral upper extremity electrodiagnostic studies. A progress report dated September 2, 2014 identifies subjective complaints of low back pain, right leg pain radiating into the right lateral calf, left leg pain radiating into the left lateral calf and foot, left shoulder pain, neck pain, and mid back pain. A review of a cervical MRI dated August 15, 2014 identifies neuroforaminal narrowing at C4-5 and C5-6. Objective findings state "unchanged." Diagnoses include multilevel cervical canal stenosis and parental stenosis, left rotator cuff tendinitis, lumbar facet disease, grade 1 retro list thesis of L3 on L4, severe lumbar facet degeneration, thoracic sprain/strain, and cervical pain. The treatment plan recommends electromyography (EMG) and nerve conduction studies, and follow-up for a low back injection. The note states that "if we can get his nerve studies authorized then we could proceed with whether or not he would be a candidate for cervical injections." A cervical MRI dated August 5, 2014 identifies severe right neuroforaminal narrowing at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) / Nerve Conduction Studies (NCS) of the Bilateral Upper Extremities: 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): 178 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG/NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines 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, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. Furthermore, the cervical MRI appears to have already identified findings which would be consistent with cervical radiculopathy, and it is unclear why additional testing is needed to confirm the diagnosis. In the absence of clarity regarding those issues, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.