

Case Number:	CM14-0184494		
Date Assigned:	11/12/2014	Date of Injury:	10/19/2012
Decision Date:	12/18/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/05/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 26-year-old woman with a date of injury of 10/19/2012. A visit note dated 09/04/2014 identified the mechanism of injury as a fall. Treating physician notes dated 07/22/2014 and 09/04/2014 indicated the worker was experiencing lower back pain, neck pain that went into the base of the head and right shoulder, pain and numbness in the hands, headaches, right arm weakness, neck spasms, and tingling in both hands and both feet. Documented examinations consistently described right upper back tenderness and decreased joint motion, right shoulder tenderness, and mild decreased right shoulder joint motion. The submitted and reviewed documentation concluded the worker was suffering from lower back pain and on-going upper back pain with multilevel spondylosis and radicular symptoms. Treatment recommendations included a new oral pain medication, evaluation by an orthopedist and by a neurosurgeon, repeat EMG/NCV testing of both legs and both arms, and follow up care. A Utilization Review decision was rendered on 10/20/2014 recommending non-certification for a repeat EMG/NCV of the arms. A MRI of the cervical spine imaging report dated 04/28/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG/NCV of the upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints; Forearm, Wrist, and Hand Complaints Page(s): 165-188; 261.

Decision rationale: The MTUS Guidelines recommend the use of electromyography (EMG) to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms. Another reason an EMG is recommended is to clarify nerve root dysfunction in cases when a bulging disc in the upper spine is suspected before treatment with surgery. This study is also recommended in the diagnosis of nerve root problems when the documented history, examination, and imaging studies are inconsistent. In addition, an EMG is recommended to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The MTUS Guidelines recommend the use of nerve conduction velocity (NCV) studies to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed records did not describe a clinical scenario that met any of the above indications suggested by the MTUS Guidelines. These studies had been performed in 2013. There was no discussion indicating the reason(s) for requesting these studies be repeated or describing extenuating circumstances that would require them. In the absence of such evidence, the current request for a repeat EMG/NCV of the arms is not medically necessary.