

Case Number:	CM14-0033154		
Date Assigned:	06/20/2014	Date of Injury:	10/06/2013
Decision Date:	07/21/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/14/2014

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 Occupational Medicine, has a subspecialty in Preventive 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:

The applicant is a represented [REDACTED] employee who has filed a claim for low back, neck, shoulder, and arm pain reportedly associated with an industrial injury of October 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and several months off of work. In a Utilization Review Report dated February 21, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator did not incorporate any guidelines into its rationale and seemingly based its denial on comments that the applicant had not failed conservative treatment. The applicant subsequently appealed. In a progress note dated April 14, 2014, the applicant was described as reporting persistent complaints of neck pain with left arm and left shoulder involvement. It was stated that the applicant presented to obtain an Employment Development Department (EDD) unemployment compensation form. The applicant had neck pain with associated left arm radicular complaints, it was stated, which were preventing her ability to perform her usual and customary work. The applicant was using tramadol for pain relief and was still smoking, it was stated. Decreased range of motion was noted about the neck with decreased strength and activity appreciated about the left arm. The applicant was seemingly placed off of work. MRI imaging of the cervical spine of February 28, 2014 was notable for C5-C6 disk degeneration with associated contact upon the ventral cervical cord. In a progress note dated May 29, 2014, the applicant apparently complained that she was not receiving any indemnity benefits. The applicant again reported ongoing complaints of neck pain. The applicant was again seemingly placed off of work and apparently had dysesthesias about the left arm. The applicant's claim was apparently being administratively contested, it was stated. On February 6, 2014, the applicant was described as having persistent complaints of neck pain. The

applicant was reportedly significantly limited in ability to use her left hand. The applicant reportedly missed work and was tearful and depressed, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) 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 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178 do support Electromyography (EMG) and Nerve Conduction Velocity (NCV) testing to help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms, or both, which lasts greater than three to four weeks, in this case, however, the applicant is entirely asymptomatic insofar as the right upper extremity is concerned. The progress notes provided suggested that the applicant's symptoms are confined to the symptomatic left upper extremity and that the applicant does not seemingly have any symptoms about the contralateral, unaffected right upper extremity. The attending provider has not proffered any applicant-specific rationale, narrative, or commentary which would support testing of the contralateral, unaffected right upper extremity. The request is not medically necessary and appropriate.

Nerve Conduction Velocities (NCV) 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 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178 do support Electromyography (EMG) and Nerve Conduction Velocity (NCV) testing to help identify subtle, focal neurologic dysfunction in applicants with neck or arm complaints which persist greater than three to four weeks, in this case, as with the request for EMG testing, the applicant is entirely asymptomatic insofar as the right upper extremity is concerned. The applicant's symptoms are confined to the left upper extremity. The attending provider has not proffered any rationale for NCV testing of the bilateral upper extremities to include the asymptomatic right upper extremity. The request is not medically necessary and appropriate.