

Case Number:	CM14-0034586		
Date Assigned:	03/24/2014	Date of Injury:	04/14/2006
Decision Date:	08/12/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 Family Practice 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 injured worker is a 53 year old female claimant who sustained a work injury on 4/14/06 involving the head and neck. She had sustained a skull fracture. She had chronic neck pain, vertigo and headaches. An examination in March 2012 noted that she had a positive Spurling's test- consistent with radicular pain. Her symptoms had been managed with Topamax, Naproxen, and Cymbalta. The treating physician requested an EMG/NCV on 2/6/14 of the extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for diagnosis of nerve-root involvement if findings of history and exam are consistent. AN EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation pre-operatively or before epidural injection. In this case, there was no progress note to indicate

planned intervention. The diagnosis of nerve root involvement was made 2 years prior. The recent request for an EMG is not medically necessary.

NCV: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-180.

Decision rationale: According to the ACOEM guidelines, an NCV is not recommended for diagnosis of nerve-root dysfunction if findings of history and exam are consistent. AN NCV is recommended for equivocal physical findings. In this case, there was no progress note to indicate planned intervention. The diagnosis of nerve root involvement was made 2 years prior. The recent request for an NCV is not clear and therefore not medically necessary.