

<b>Case Number:</b>	CM14-0043270		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/01/2006
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 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:

The injured worker is a 60-year-old female who reported an injury on 05/01/2006 due to repetitive lifting. The injured worker's diagnoses was neck sprain, impingement syndrome, and status post Mumford procedure and arthroscopy. The injured worker's past treatments include physical therapy. The injured worker's surgical history included Mumford procedure and arthroscopy. The injured worker's past diagnostic include MRI of the cervical spine dated 01/07/2014. The impression was mild multilevel degenerative disc disease with most significant disease at the level of C5-6. There is a 3 mm broad based disc bulge-endplate osteophyte complex which minimally indents the ventral contour of the thecal sac and results in mild narrowing of the right foramen and very mild narrowing of the left neural foramen. An x-ray of the orbits dated 01/17/2014 revealed an impression of normal with no foreign bodies. The injured worker complained of right-sided neck pain with spasms in the upper extremity. On physical examination dated 01/17/2014, objective findings revealed right trapezius and paracervical spasm, tenderness, and guarding. Positive Spurling's test was noted on the right. Muscle strength was 5/5. Tinel's and Phalen's tests were negative. There was subjective decreased sensation in the right third digit. There was no prescription data on injured worker documented. The treatment plan was for the request of NCV right upper extremity. The rationale for the request was to rule out radiculopathy as the source of the injured worker's right long finger numbness. The request for authorization dated 01/17/2014 was provided with documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NVC right upper extremity:** 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): 177-179.

**Decision rationale:** The California MTUS/ACOEM Guidelines indicate Electromyography (EMG), and Nerve Conduction Velocities (NCV), 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. The injured worker states that her neck and shoulder symptoms have improved with the Neurontin. The injured worker was noted to have subjective complaints of numbness in the right long finger; however, physical examination did not reveal the presence of decreased sensation to support these findings. Therefore, given the lack of objective neurological deficits, the request is not supported. Given the above, the request for NCV (Nerve conduction velocity) right upper extremity is not medically necessary.