

Case Number:	CM14-0055817		
Date Assigned:	07/09/2014	Date of Injury:	09/30/2013
Decision Date:	09/11/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/25/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 63 year-old individual was reportedly injured on 9/30/2013. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated 2/25/2014, indicates that there are ongoing complaints of neck pain that radiates into the bilateral upper extremities, low back pain that radiates in the bilateral lower extremities. The physical examination states decreased cervical and bilateral shoulder range of motion with left paravertebral tenderness, slight a-1 pulley pain all fingers bilaterally, decreased lumbar spine range of motion with bilateral paravertebral tenderness, decreased bilateral knee range of motion with bilateral medial patellar facet tenderness, bilateral feet/arch tenderness, and depression. No recent diagnostic studies are available for review. Previous treatment includes medication, and conservative treatment. A request had been made for electromyography/nerve conduction studies (EMG/NCS) of the bilateral upper extremities and was not certified in the pre-authorization process on 4/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS tests (11-12 studies): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain - Diagnostic Investigations: Electromyography (electronically sited).

Decision rationale: ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction studies (NCS) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The patient has not had a CT scan or MRI of the upper extremities. Given the lack of documentation on physical exam to include radiculopathy of the upper extremities to support EMG or NCS studies, this request for EMG/NCS (11-12 studies) is not considered medically necessary.