

Case Number:	CM14-0065406		
Date Assigned:	07/14/2014	Date of Injury:	11/09/2011
Decision Date:	09/17/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/08/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 52-year-old female, who reported an injury due to constant and repetitive neck movements and extremes of motion on 11/09/2011. The clinical note dated 04/24/2014 indicated diagnoses of cervical spondylosis, chronic pain, right shoulder contusion, neck sprain, muscle spasms of the thoracic back, and arthropathy of the cervical facet. The injured worker reported since her last visit her condition had improved slower than expected. The injured worker reported pain that was aching and intermittent. The injured worker reportedly had improvement in range of motion. She rated it 3/10. The injured worker reported the pain radiates to the bilateral neck muscles. The injured worker reported factors that aggravated her pain were turning her head. On physical examination of the cervical spine, there was tenderness of the cervical paraspinals bilateral and spasms of cervical paraspinals bilateral. The injured worker's range of motion was limited at 40 degrees of flexion; the rotation to the right and left was 40 degrees. The injured worker's motor strength for the shoulder on the right was 40, 30, 30; on the left, 35, 25, 30. Injured worker's treatment plan included continue physical therapy, regular work. Injured worker's prior treatments included labs, imaging, and therapy. The provider submitted a request for EMG/NCV of the cervical spine and upper extremities. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the cervical spine and 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 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 177-179 258-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for EMG/NCV of the cervical spine and upper extremities is not medically necessary. The CA MTUS/ACOEM guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. The CA MTUS/ACOEM guidelines state that 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 medical documents lack evidence of muscle weakness and numbness symptoms that would indicate peripheral nerve impingement. In addition, there is lack of evidence of documentation provided of exhaustion of conservative therapy, such as NSAIDs and physical therapy. Therefore, the request is not medically necessary.