

Case Number:	CM14-0065658		
Date Assigned:	07/11/2014	Date of Injury:	06/19/2013
Decision Date:	08/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/09/2014

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 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:

According to the records made available for review, this is a 44-year-old female with a 6/19/13 date of injury. At the time (2/4/14) of request for authorization for Electromyography (EMG) - Bilateral Upper Extremities and Nerve Conduction Velocity (NCV) - Bilateral Upper Extremities, there is documentation of subjective (neck, upper back, and right shoulder pain radiating to right arm, elbow, and hand associated with weakness and numbness) and objective (manual muscle test of 1/5 in the right arm and no active range of motion) findings, current diagnoses (cervical myospasm, right upper extremity radiculopathy, and acute onset of right upper extremity weakness), and treatment to date (medications, steroid injection, physical therapy, and chiropractic therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) - Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, Online Edition, Chapter: Neck & Upper Back, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of cervical myospasm, right upper extremity radiculopathy, and acute onset of right upper extremity weakness. In addition, given documentation of subjective (neck, upper back, and right shoulder pain radiating to right arm, elbow, and hand associated with weakness and numbness) and objective (manual muscle test of 1/5 in the right arm) findings, and conservative treatment (medications, steroid injection, physical therapy, and chiropractic therapy), there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for Electromyography (EMG) - Bilateral Upper Extremities is medically necessary.

Nerve Conduction Velocity (NCV) - Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, Online Edition, Chapter: Neck & Upper Back, Nerve Conduction Studies (NCS), Chapter: Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of cervical myospasm, right upper extremity radiculopathy, and acute onset of right upper extremity weakness. Therefore, based on guidelines and a review of the evidence, the request for Nerve Conduction Velocity (NCV) - Bilateral Upper Extremities is medically necessary.