

Case Number:	CM14-0087967		
Date Assigned:	07/23/2014	Date of Injury:	12/18/2010
Decision Date:	09/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/11/2014

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 & 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 injured worker is a 36 year-old female who was reportedly injured on 12/18/2010. The mechanism of injury is noted as direct impact of the back of the head and cervical spine. The most recent progress note dated 5/20/2014 indicates that there are ongoing complaints of neck pain. The physical examination demonstrated cervical spine: supple with moderately diminished range of motion. Upper extremity muscle strength was within normal limits except for pain inhibiting motion of the right shoulder and distal muscle due to inability to stabilize the shoulder girdle; Sensory exam within normal limits; Upper extremity reflexes 2+; Reflexes the lower extremities 2+; Diagnostic imaging studies include an magnetic resonance image of the cervical spine dated 4/1/2014 which reveals cervical spine lordosis with no visible neural compressive lesions; Minimal left-sided C2-3 foraminal stenosis. Previous treatment includes physical therapy, medications, and conservative treatment a request had been made for electromyogram/nerve conduction velocity of bilateral upper extremities. The request was not certified in the pre-authorization process on 5/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography and Nerve Conduction Velocity Studies of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Diagnostic Investigations: Electromyography Page(s): electronically sited.

Decision rationale: American College of Occupational and Environmental Medicine practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography or magnetic resonance image (MRI) is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The claimant underwent a MRI of the cervical spine. Given the lack of documentation to support EMG or NCV studies, this request is not considered medically necessary. After review the medical records provided the injured worker has minimal findings on physical exam to include limited range of motion cervical spine, with documented normal motor and sensory function. It is noted the injured worker does have chronic neck pain, but there is insufficient documentation for justification of the requested diagnostic study. Therefore this request is not medically necessary.