

Case Number:	CM14-0131791		
Date Assigned:	04/15/2015	Date of Injury:	03/13/2008
Decision Date:	08/04/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 sustained an industrial injury on 3/13/2008 resulting in neck pain and bilateral upper arm paresthesias. The injured worker was diagnosed with cervicalgia and degeneration of cervical intervertebral discs. Documented treatment includes pain medication and physical therapy. The injured worker continues to report pain, decreased range of motion, and bilateral hand numbness which wakes her from sleep. The treating physician's plan of care includes electromyography of bilateral upper extremities. She is presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BUE (bilateral upper extremities): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for EMG/NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, it appears that the patient has a history of cervical radiculopathy and carpal tunnel syndrome. The patient apparently had some increased numbness in the left arm and hand, but no specific nerve distribution(s) was/were identified, and no positive physical exam findings were noted to suggest significant progression of the established conditions and/or new pathology. Given the above, there is no clear indication for repeat electrodiagnostic testing. In light of the above issues, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.