

Case Number:	CM14-0137747		
Date Assigned:	09/05/2014	Date of Injury:	07/19/2014
Decision Date:	04/09/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 59-year-old male, with a reported date of injury of 07/19/2014. The diagnoses include cervical sprain/strain and rule out compression neuropathy of the bilateral upper extremities. Treatments were not indicated in the medical records. The Doctor's First Report of Occupational Injury or Illness dated 08/12/2014 indicates that the injured worker complained of neck pain, with radiation to the bilateral shoulders and right upper arm; low back pain, with radiation to the right leg, hip, front of the leg down to the knee, and occasionally to the foot; numbness and tingling in the right arm with numbness and tingling spreading to all of the fingers; and left arm tingling and numbness from the elbow down to the fourth and fifth fingers. The objective findings included decreased range of motion of the lumbar spine, tenderness of the bilateral paravertebral muscle, positive Tinel's of the left elbow, and decreased range of motion of the right shoulder. The treating physician requested an electromyography/nerve conduction velocity (EMG/NVC) of the bilateral upper extremities. On 08/20/2014, Utilization Review (UR) denied the request for an electromyography/nerve conduction velocity (EMG/NVC) of the bilateral upper extremities. The UR physician noted that there was a lack of a trial of conservative care. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 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 request was made at the time of the initial patient visit and there is no indication of failure of initial conservative management prior to consideration for specialized electrodiagnostic testing. In the absence of such documentation, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.