Case Number:	CM14-0178907		
Date Assigned:	12/11/2014	**Date of Injury:**	12/12/2003
Decision Date:	01/15/2015	**UR Denial Date:**	10/22/2014
Priority:	Standard	**Application Received:**	10/28/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 64-year-old female who reported an injury on 12/12/2003. The diagnosis included myofascial pain syndrome, cervical. The mechanism of injury was not provided. The injured worker's medications included naproxen 550 mg 1 tablet every 8 hours, Hydrocodone/APAP 2.5/325 mg 1 tablet every 8 hours, and omeprazole 20 mg twice a day. His surgical history was not provided. The injured worker was noted to undergo prior treatments including an epidural steroid injection. The diagnostic studies were not provided. There was a Request for Authorization submitted for review dated 08/26/2014 for an electromyogram (EMG) of the bilateral upper extremities related to peripheral nerve entrapment. The documentation of 08/26/2014 revealed the injured worker had constant neck and upper back pain. The cervical spine range of motion was slightly restricted in all planes. The neck compression test was positive. The injured worker could not perform a heel toe gait. Sensation to fine touch and pinprick was minimally decreased in the 1st, 2nd and 3rd digits of the right hand and was decreased in the back of the right thigh and calf areas. The grip strength was decreased in right hand at +4/5. The right upper proximal muscles were diminished at -5/5. The diagnoses included chronic myofascial pain syndrome, cervical and thoracolumbar spine, mild to moderate right L5 and mild left L5 radiculopathy as well as NSAID induces gastritis. The treatment plan included an epidural steroid injection, medications, home exercise program, aquatic therapy, deep breathing and follow-up in 6 weeks. There was no specific documentation requesting the electromyogram/nerve conductive velocity (EMG/NCV) upper extremity examinations, with the exception of the request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral 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 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine states 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 clinical documentation submitted for review failed to provide documentation of an exhaustion of conservative care. There was a lack of documentation indicating a necessity for both an EMG and a nerve conduction velocity study. There was a lack of documentation of a peripheral neuropathy condition existing in the bilateral upper extremities. Given the above, the request for EMG/NCV bilateral upper extremities is not medically necessary.