

Case Number:	CM14-0192598		
Date Assigned:	11/26/2014	Date of Injury:	08/08/2013
Decision Date:	01/13/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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:

This individual is a 56 year old female who developed chronic cervical pain subsequent to an injury dated 8/8/13. She has been diagnosed with a bilateral cervical radiculopathy affecting the C-6 nerve root functions. There are corresponding MRI findings. She has also been diagnosed with possible carpal tunnel bilaterally, but the left side has been documented to have consistent exam findings supportive of this diagnosis. A request for cervical fusion has been made. Subsequently, a request for bilateral upper extremity electro diagnostics was documented in the surgeon's narratives. An appeal for right-sided electro diagnostics was made based on a denial by Utilization Review. It is not clear in the records reviewed why a request for bilateral studies was not reviewed in Utilization Review and subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity (NCV) of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS Guidelines support both EMG and NCV studies if there are subtle neurological changes that need additional testing for further evaluation. This patient meets these

criteria with the findings of possible cervical radiculopathy plus possible carpal tunnel syndrome. It is not clear why the request for bilateral testing did not reach Utilization Review as bilateral testing appears medically necessary and that is what was requested in the physician's narrative. The request for both NCV and EMG studies of the right upper extremity is medically necessary.

Electromyography (EMG) of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS Guidelines support both EMG and NCV studies if there are subtle neurological changes that need additional testing for further evaluation. This patient meets these criteria with the findings of possible cervical radiculopathy plus possible carpal tunnel syndrome. It is not clear why the request for bilateral testing did not reach Utilization Review, as bilateral testing appears medically necessary and that is what was requested in the physician's narrative. The request for both NCV and EMG studies of the right upper extremity is medically necessary.