

Case Number:	CM14-0198497		
Date Assigned:	12/08/2014	Date of Injury:	05/28/2014
Decision Date:	01/23/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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, has a subspecialty in Pain 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:

The injured worker is a 43-year-old female with the date of injury of May 28, 2014. The industrial diagnoses consist of chronic neck pain, cervical radiculopathy, and chronic bilateral shoulder pain. Diagnostic workup to date has included MRI of the cervical spine performed on September 16, 2014. This demonstrated disc desiccation at multiple levels as well as a disc herniation at C5-C6 and C6-C7. A physical examination on October 9, 2014 had documented weakness of the upper extremity on the right, decrease deep tendon reflexes on the right, and decreased sensation along the anterior and posterior forearm. The disputed request is for electrodiagnostic studies of the upper extremities in an attempt to evaluate forward a copy and weakness in the upper extremity. According to a utilization review denial on October 28, 2014, the "requesting chiropractor does not document the performance, documentation and review of a neurologic assessment."

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Cervical spine BUE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: The injured worker is a 43-year-old female with the date of injury of May 28, 2014. The industrial diagnoses consist of chronic neck pain, cervical radiculopathy, and chronic bilateral shoulder pain. Diagnostic workup to date has included MRI of the cervical spine performed on September 16, 2014. This demonstrated disc desiccation at multiple levels as well as a disc herniation at C5-C6 and C6-C7. A physical examination on October 9, 2014 had documented weakness of the upper extremity on the right, decrease deep tendon reflexes on the right, and decreased sensation along the anterior and posterior forearm. The disputed request is for electrodiagnostic studies of the upper extremities in an attempt to evaluate forward a copy and weakness in the upper extremity. According to a utilization review denial on October 28, 2014, the "requesting chiropractor does not document the performance, documentation and review of a neurologic assessment."