

Case Number:	CM14-0207423		
Date Assigned:	12/19/2014	Date of Injury:	01/28/2013
Decision Date:	02/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/11/2014

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 57 yo female who sustained an industrial injury on -1/28/2013. The mechanism of injury was not provided for review. Her diagnoses include intervertebral disc disorder with myelopathy, neck, and low back pain. She complains of neck pain which radiates to the left and right upper extremities. On physical examination there is a positive Spurling's test over the left side and a positive straight leg raise on the right side. Treatment has included medical therapy with opiates and acupuncture. The treating provider has requested NCV/EMG right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Edition (web), 2014, Neck & Upper Back, Nerve Conduction Studies (NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for EMG/NCV testing 2010.

Decision rationale: There is no documentation provided necessitating NCV testing of the right upper extremity. Per the medical documentation, the claimant has complaints of radiating symptoms in the right upper extremity but there are no clinical signs of carpal tunnel syndrome or evidence of deficits in a myotomal pattern. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Per the Official Disability Guidelines, EMG studies are only recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for EMG/NCV testing 2010.

Decision rationale: There is no documentation provided necessitating bilateral EMG testing of the right upper extremity. Per the medical documentation, the claimant has complaints of radiating symptoms in the right upper extremity but there are no clinical signs of carpal tunnel syndrome or evidence of deficits in a myotomal pattern. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Per the Official Disability Guidelines, EMG studies are only recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electro diagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. Medical necessity for the requested service has not been established. The requested service is not medically necessary.