

Case Number:	CM14-0208585		
Date Assigned:	12/22/2014	Date of Injury:	06/01/2012
Decision Date:	02/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/12/2014

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 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:

This 26 year old male was an overnight stocker when he sustained an injury on June 1, 2012. Three boxes, weighing 5 pounds each, fell from a pallet onto the injured worker. The results of the injury include neck pain and spasms. Diagnoses included trunk contusion, neck sprain, shoulder and arm sprain, and muscle spasm. The injured worker was previously treated with heat, work restrictions, radiographic studies, and non-steroidal anti-inflammatory, pain, and muscle relaxant medications. The medical records refer to a course of chiropractic therapy, but do not provide specific dates of service or results. On August 21, 2014, an MRI of the cervical spine revealed straightening of the cervical spine, no focal disc herniation or significant central canal or nerve root canal stenosis at any level, and the cervical cord was normal. On November 17, 2014, the treating physician noted chronic neck pain, which was moderate to severe. The physical exam revealed normal cervical and thoracic spine posture, slight elevation of the trapezius between the neck and left shoulder, symmetrical bilateral shoulders and bilateral upper extremities. The neck range of motion was mildly restricted and the shoulder range of motion was full. Increased pain in the left-sided posterior neck muscles was caused by left shoulder elevation to touch the side of the head in full abduction and flexion. Supraspinatus strength, Neer, and Hawkin's tests revealed no evidence of rotator cuff impingement of the shoulders. The shoulders were stable. The left-sided neck muscles were tender posteriorly extending to the left trapezius muscle, which was tight, guarded, and locally triggering spasm. The strap and sternomastoid muscles were non-tender. The bilateral upper extremity neurological exam was normal, except for some non-verifiable numbness of the left hand fingers. Diagnoses were chronic strain/sprain of the neck extending through the left shoulder and into the left upper extremity. The injured worker was not on any medications currently. The physician recommended electromyography/nerve conduction studies for the neck and bilateral upper

extremities. The injured worker was to remain off work. On December 9, 2014, Utilization Review non-certified a prescription outpatient EMG /NCS (electromyography/nerve conduction study) for the neck and bilateral upper extremities requested on December 3, 2014. The electromyography/nerve conduction study was non-certified based on the lack of evidence of neurological dysfunction and/or radicular signs/symptoms and the California Medical Treatment Utilization Schedule (MTUS) 2010 Revision, web edition: ACOEM (American College of Occupational and Environmental Medicine) guidelines, Neck Chapter, web edition were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient EMG/NCS neck and bilateral upper extremities: Upheld

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.

Decision rationale: According to the MTUS ACOEM Practice Guidelines, 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. In this case, the patient is not experiencing symptoms of radicular pain and there are no focal motor or sensory deficits. In addition, documentation does not support that there has been a significant change in the patient's condition. Medical necessity has not been established. Therefore, this request is not medically necessary.