

Case Number:	CM15-0001327		
Date Assigned:	01/12/2015	Date of Injury:	10/12/2014
Decision Date:	03/06/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47 year old male who sustained an industrial related injury on 10/12/14. The treating physician's report dated 12/9/14 noted the injured worker had complaints of neck and back pain that radiated to the right arm and left leg with intermittent numbness in the left calf. Tingling in the left leg and toes was also noted. The physical examination revealed limited range of motion of the cervical and lumbar spine, palpable tenderness in the neck and lower back. Negative atrophy and weakness in the upper limbs, negative straight leg raise. Diagnoses included neck sprain, thoracic back sprain, lumbar sprain, sciatica, and headache. Treatments have included acetaminophen, ibuprofen, flexeril, toradol injection, ultracet and tizanidine; use of lumbar support; physical therapy, and chiropractic treatment. The physician recommended an upper and lower extremity electromyogram/nerve conduction study (EMG/NCS) in order to rule out cervical and lumbar disc disease and radiculopathy of both . The injured worker was recommended to return to work with restrictions. On 12/29/14 the treating physician requested authorization for EMG/NCS of bilateral upper extremities. On 12/19/14 the request for EMG/NCS of bilateral upper extremities was non-certified. The utilization review physician cited the American College of Occupational and Environmental Medicine Guidelines and noted the guideline criteria have not been met as there was no evidence provided of severe and/or progressive neurological abnormalities. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The injured worker sustained a work related injury on 10/12/14 . The medical records provided indicate the diagnosis of neck sprain, thoracic back sprain, lumbar sprain, sciatica, and headache . The medical records provided for review do indicate a medical necessity for EMG/NCS of the bilateral upper extremities. The MTUS recommends electrodiagnostic testing , like EMG/NVC when the neurologic examination is less clear. The MTUS 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 record indicates the injured worker complains of persistent neck pain that radiates to the upper limb despite Conservative measures that include six physical therapy visits.