

Case Number:	CM15-0003741		
Date Assigned:	01/14/2015	Date of Injury:	04/28/2012
Decision Date:	03/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/08/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male who reported an injury on 04/20/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of work related assault, facial trauma contusion, cervical spine sprain/strain with radicular complaints, lumbar spine sprain/strain with radicular complaints, history of cervical spine fusion, bilateral shoulder rotator cuff tendinitis, traumatic brain injury, clavicular/rib pain, and history of blood clots in the lungs. Past treatment consists of surgery, physical therapy, and medication therapy. No diagnostics were submitted for review. On 10/30/2014, the injured worker complained of neck pain with numbness in the left arm. The injured worker also had low back pain with numbness in the right leg. The physical examination noted tenderness to palpation about the paracervical and trapezial musculature. It was noted that there was muscle spasms. There was restricted range of motion due to pain. Examination of the lumbar spine revealed tenderness to palpation about the right paralumbar musculature. There was decreased flexion and extension noted. There was a positive straight leg raise test on the right. There was muscle spasm noted. The medical treatment plan is for the injured worker to undergo EMG/NCV of the upper and lower extremities, MRI of the cervical spine, CT of the cervical spine, and medication therapy. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

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

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

Decision rationale: The request for EMG/NCV of the bilateral upper extremities is not medically necessary. The MTUS/ACOEM Guidelines state that EMG and nerve conduction velocities, including H-reflex test may be helpful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The submitted documentation did not indicate the injured worker had failed or was undergoing conservative treatment. Physical examination noted that the injured worker complained of neck pain with numbness in the left arm. However, there were no pain assessments via VAS, nor was there any measurable range of motion submitted in the documentation. Given the above, the request would not be indicated. As such, the request is not medically necessary.