

Case Number:	CM15-0008555		
Date Assigned:	01/27/2015	Date of Injury:	11/13/2013
Decision Date:	05/08/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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:

This 29-year-old male sustained a work-related back injury on 11/13/13. Diagnoses listed in the PR2 dated 7/10/2014 include cervical radiculopathy, lumbar disc protrusion, lumbar spinal stenosis, right hip sprain/strain and right knee chondromalacia patella. Previous treatments include medications, spinal injections, physical and chiropractic therapy, TENS and acupuncture. The treating provider requests EMG and NCV of the left and right upper extremities. The Utilization Review on 11/7/14 non-certified the EMG and NCV of the left and right upper extremities, citing CA MTUS Guidelines for Special Studies and Diagnostic and Treatment Considerations and ODG Neck and Upper Back EMG and NCS criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/14).

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

Decision rationale: According to ACOEM, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The Injured Worker underwent an MRI of the cervical spine in June 2014 which did not show any disc herniation or foraminal stenosis. The physical examinations failed to show any neurological deficit that would indicate a pinched nerve. This request is not medically necessary and appropriate.

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/14).

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

Decision rationale: According to ACOEM, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The Injured Worker underwent an MRI of the cervical spine in June 2014 which did not show any disc herniation or foraminal stenosis. The physical examinations failed to show any neurological deficit that would indicate a pinched nerve. This request is not medically necessary and appropriate.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/14).

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

Decision rationale: According to ACOEM, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The Injured Worker underwent an MRI of the cervical spine in June 2014, which did not show any disc herniation or foraminal stenosis. The physical examinations failed to show any neurological deficit that would indicate a pinched nerve. This request is not medically necessary and appropriate.

NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/14).

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

Decision rationale: According to ACOEM, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The Injured Worker underwent an MRI of the cervical spine in June 2014, which did not show any disc herniation or foraminal stenosis. The physical examinations failed to show any neurological deficit that would indicate a pinched nerve. This request is not medically necessary and appropriate.