

Case Number:	CM15-0008740		
Date Assigned:	01/26/2015	Date of Injury:	06/26/2014
Decision Date:	03/25/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/15/2015

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

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 34-year-old male who reported an injury on 06/26/2014. The mechanism of injury was lifting a box. The injured worker underwent an MRI of the cervical spine on 08/28/2014. The documentation of 11/20/2014, revealed the injured worker had complaints of neck pain radiating into the left trapezius and shoulder, and left upper extremity. The injured worker's medications were noted to include Tylenol and Advil. The surgical history was noncontributory. The physical examination of the cervical spine revealed left trapezial tenderness with spasms. The biceps and triceps reflexes were 2+ and symmetrical. There was no motor deficit of either upper extremity. There was no intrinsic atrophy, or hypothenar or thenar atrophy. There was no sensory deficit to the Wartenberg pin wheel test. The injured worker had a negative Tinel's sign at the cubital tunnel. The injured worker had negative Tinel's, Phalen's, and Finkelstein's tests in the wrists bilaterally. The diagnoses included cervical spine and trapezius sprain and strain, and C5-6 disc extrusion. The treatment plan included an EMG and nerve conduction studies of the bilateral upper extremities. The injured worker was noted to have cervical spine radiculitis, and a positive MRI.

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): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Neck & Upper Back, Nerve conduction studies

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

Decision rationale: The American College of Occupational and Environmental Medicine 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. There should be documentation of 3-4 weeks of conservative care and observation. The clinical documentation submitted for review failed to indicate the prior conservative care. The injured worker had no objective findings upon physical examination to support the necessity for either an electromyography or nerve conduction velocity test. There was no specific documentation indicating a necessity and a rationale for both an EMG and NCV. There was a lack of documentation of a peripheral neuropathy condition existing in the bilateral upper extremities. Given the above, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.