

Case Number:	CM15-0130277		
Date Assigned:	07/16/2015	Date of Injury:	01/27/2014
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/06/2015

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: Family Practice

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 48 year old male who sustained an industrial injury on 1/27/14. The medical records note that the injured worker underwent prior electrodiagnostic studies on 12/9/14. Progress report dated 5/5/15 reports continued complaints of neck, back and bilateral shoulder pain. Pain rated as follows; neck 7/10, low back 6/10, thoracic back 6/10, right shoulder 8/10 and left shoulder 5/10. Diagnoses include: protrusion L5-S1 with neural encroachment and radiculopathy, protrusion L1-2 L2-3, cervical myofascial pain, rule out cervical radiculopathy, thoracic myofascial pain and right and left shoulder pain, rule out impingement. Plan of care includes: discussed and reviewed past evaluations and diagnostic studies. Request the following: EMG/NCV bilateral upper and lower extremities, consult with neurologist, topical NSAID, ketoprofen 300 g apply 3 times per day, 3 refills, continue Cyclobenzaprine and Tramadol. Work status is temporarily totally disabled for 4 weeks. Follow in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to the ACOEM guidelines, 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 medical records noted that the injured worker underwent prior electrodiagnostic studies on 12/9/14. In the absence of evidence of red flags or progressive neurologic deficits on clinical examination, the request for repeating studies would not be supported. The request for EMG/NCV bilateral upper extremities is not medically necessary and appropriate.