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| Case Number: | CM15-0131928 | | |
| Date Assigned: | 07/20/2015 | Date of Injury: | 10/14/2013 |
| Decision Date: | 08/17/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 07/08/2015 |

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

Certification(s)/Specialty: Emergency 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 was a 41-year-old female, who sustained an industrial injury, October 14, 2013. The injured worker previously received the following treatments functional capacity evaluation and physical therapy. The injured worker was diagnosed with cervicgia, thoracic pain and low back pain syndrome, lumbalgia and myofascitis. According to progress note of April 30, 2015, the injured worker's chief complaint was neck and low back pain. The injured worker rated the pain in the neck and lumbar at 5-6 out of 10. The pain worsens with repetitive bending, lifting or prolonged head position. The physical exam revealed tenderness at the cervical paravertebral muscles. There were a few trigger points at the upper thoracic paraspinals. The deep tend reflexes were normal in the upper extremities. There was tenderness at the thoracolumbar paravertebral muscles with muscle spasms at the quadratus lumborum. The sensory testing was normal to the upper extremities. The treatment plan included EMG/NCS (electro diagnostic studies and nerve conduction studies) of the bilateral upper extremities.

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.

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

Decision rationale: The requested EMG/NCV of the bilateral upper extremities is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 177-179, Special Studies and Diagnostic and Treatment Considerations, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has neck and low back pain. The injured worker rated the pain in the neck and lumbar at 5-6 out of 10. The pain worsens with repetitive bending, lifting or prolonged head position. The physical exam revealed tenderness at the cervical paravertebral muscles. There were a few trigger points at the upper thoracic paraspinals. The deep tend reflexes were normal in the upper extremities. There was tenderness at the thoracolumbar paravertebral muscles with muscle spasms at the quadratus lumborum. The sensory testing was normal to the upper extremities. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The criteria noted above not having been met, EMG/NCV of the bilateral upper extremities is not medically necessary.