

Case Number:	CM15-0138111		
Date Assigned:	07/28/2015	Date of Injury:	08/14/2014
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 72-year-old male who sustained an industrial injury on 08/14/14. Initial complaints include neck, left shoulder and hip pain. Initial diagnoses are not available. Treatments to date include medications, physical therapy, psychological counseling, and acupuncture. Diagnostic studies include a MRI of the cervical spine on 05/15/15. Current complaints include neck, left shoulder, and left hip pain. Current diagnoses include cervical, left shoulder and left hip sprain and strain. In a progress note dated 03/10/15 the treating provider reports the plan of care as medication including omeprazole, cyclobenzaprine, and a compound of Flurbiprofen, cyclobenzaprine, hyaluronic Acid, amitriptyline, gabapentin, and Dextromethorphan; as well as physical therapy, x-rays of the cervical spine, left shoulder, and left hip; and electrodiagnostic studies of the bilateral upper extremities. The requested treatments include electrodiagnostic 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:

Outpatient EMG/NCV of upper extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-78.

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is evidence of neurologic concern in the bilateral upper extremities (radiculopathy in the Left upper extremity, and absent reflexes in the Right) provided in the documents, and therefore there is enough concern for neurologic dysfunction that is evidential of need for electrodiagnostics. Therefore, per the guidelines, the request for EMG/NCV is reasonable given the clinical picture and developing chronicity of symptoms. The request is considered medically appropriate.