

Case Number:	CM15-0182361		
Date Assigned:	09/23/2015	Date of Injury:	04/06/2015
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/16/2015

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 21-year-old male with an industrial injury dated 04-06-2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain and strain, right cervical radiculopathy and contusion and straining injury of the right shoulder girdle. According to the progress note dated 07-23-2015, the injured worker reported occasional mild tenderness in the right neck and neck pain with motion. The injured worker reported 60% improvement since injury. Pain level was 5 out of 10 on a visual analog scale (VAS). Objective findings revealed no abnormalities. Since the last exam, the injured worker condition was noted to have reached plateau with no further improvement expected. The injured worker was released from care and returned to full duty on 7-23-2015. In a progress report dated 08-10-2015, the injured worker reported cervical pain, episodes of lock up, clicking, tenderness, limitation and weakness in the cervical spine with radiation of pain to the bilateral upper extremities. The symptoms were worsened with activity and somewhat relieved with rest. The injured worker also reported right shoulder girdle pain with referred radiating pain and localized pain. Cervical spine exam (8-10-2015) revealed tenderness to palpitation in the right upper mid, lower paravertebral, and trapezius muscle and increased pain with cervical motion. Thoracic spine exam (8-10-2015) revealed tenderness to palpitation in the right upper paravertebral muscles and satisfactory range of motion. Shoulder girdle exam (8-10-2015) revealed periscapular and trapezius tenderness with no winging. X-ray of the cervical spine (8-10-2015) revealed degenerative changes with mild decreased cervical lordosis. Treatment has included diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. The

treating physician reported that the injured worker had not reached maximal medical improvement and therefore was not considered permanent and stationary at this time. The treatment plan included trial of chiropractic treatment and electrodiagnostic testing. The treating physician prescribed services for nerve conduction velocity (NCV) of bilateral upper extremities and electromyography (EMG) -nerve conduction velocity (NCV) of the bilateral lower extremities. The utilization review dated 08-17-2015, non-certified the request for nerve conduction velocity (NCV) of bilateral upper extremities and electromyography (EMG) nerve conduction velocity (NCV) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyograph), Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to 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. It also states, "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 examination are sufficient evidence to warrant imaging studies if symptoms persist." In this case, cervical magnetic resonance imaging is noted to be normal and in furthermore the medical records do not establish positive examination findings of cervical radiculopathy or peripherhal neuropathy. The request for NCV of bilateral upper extremities is not medically necessary and appropriate.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic Chapter, EMGs.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to ACOEM guidelines, 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. In this case, the medical records do not establish positive examination findings, radiculopathy, or a peripheral neuropathy to support the requested diagnostic studies. The request for EMG/NCV of the bilateral lower extremities is not medically necessary and appropriate.

