

Case Number:	CM15-0183282		
Date Assigned:	09/24/2015	Date of Injury:	02/17/2014
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/17/2015

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: California, Hawaii
 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 55 year old female who sustained an industrial injury on 2-17-2014. A review of medical records indicated the injured worker is being treated for cervical radiculitis-radiculopathy, and myofascial pain. Medical records dated 8-18-2015 noted neck pain, bilateral shoulder pain, and bilateral arm pain. VAS score was a 4 out 10. He is status post CES x 3 with good relief and wants to go back to work. Physical examination of the cervical spine revealed multiple tender points and trigger points. Range of motion was reduced with pain. Treatment has included medications and a home exercise program. Utilization Review form dated 9-11-2015 noncertified an outpatient electromyogram-nerve conduction studies to 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/NCS to bilateral upper extremities: Overturned

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

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

Decision rationale: The patient presents with neck pain, bilateral shoulder pain, and bilateral arm pain. The current request is for Outpatient EMG/NCS to bilateral upper extremities. The treating physician states, in a report dated 09/04/15, "EMG/NCV BUE: Rule out Nerve Entrapment". (4B) The ACOEM guidelines state, 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Repeat studies, "Test may be repeated later in the course of treatment if symptoms persist". An EMG/NCS was performed on 3/10/14 and states, "Chronic bilateral C7 radiculopathy". In this case, the treating physician based on the records available for review, states I am recommending re-assessing progression or regression of the symptoms (shocking type pain with numbness and tingling of the thumbs, index, long and radial half of the ring finger.) A repeat EMG/NCS may be repeated if symptoms persist. The current request is medically necessary.