

Case Number:	CM15-0193606		
Date Assigned:	10/07/2015	Date of Injury:	08/04/2010
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female who sustained an industrial injury on 08-04-2010. Records show that the injured worker was being treated for cervical strain, cervical spinal stenosis and cervical radiculopathy. According to a progress report dated 08-10-2015, the injured worker was status post 2 surgeries on the right shoulder. She had "severe" pain in the neck down the right arm. Medications included Norco and Gabapentin. Objective findings included decreased range of motion in the cervical spine, pain on range of motion, neuro positive for "Spurling's" right and decreased sensation C6-7 right arm. MRI in 2013 showed stenosis C5-6 and C6-7, herniated nucleus pulposus C6-7 moderate stenosis. The treatment plan included electromyography and nerve conduction velocity studies to rule out radiculopathy versus carpal tunnel syndrome. On 09-01-2015, Utilization Review non-certified the request for electromyography (EMG) and nerve conduction velocity (NCV).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve Conduction Velocity (NCV): Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Harris J, Occupational medicine practice guidelines, 2nd edition (2004) pp 268-269, 270. Official Disability Guidelines (ODG), Forearm, Wrist and Hand - Electrodiagnostic studies (EDS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination that would support the need for obtaining bilateral upper extremity EMG or NCS testing at this time. This request is not medically necessary.