

Case Number:	CM15-0202533		
Date Assigned:	10/19/2015	Date of Injury:	05/01/2015
Decision Date:	12/01/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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 59 year old male with an industrial injury date of 05-01-2015. Medical record review indicates he is being treated for cervical sprain-strain, shoulder strain-sprain, cervical-brachial syndrome, cervical disc protrusion-herniation and headache. Subjective complaints (08-17-2015) included pain in the right region of the neck rated as 3 out of 10, intermittent pain in the right shoulder joint rated as 5 out of 10 and intermittent pain in the right upper arm and pain in the right forearm rated as 5 out of 10. Other complaints included numbness in the right hand, occasional episodes of headaches, depression, anxiety and sleep disturbance. Work status (08-17-2015) is documented as remain off work until 09-03-2015. Prior treatments included "alternative treatment protocol and reports steady improvement of pain intensity and frequency." Prior diagnostics include MRI of cervical spine 07-14-2015. Objective findings (08-17-2015) noted moderate tenderness to the cervical and thoracic region. On 09-23-2015 the request for EMG-NCV of the bilateral upper extremities was modified by utilization review for electro diagnostic studies of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV 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 nerve compromise on the right side but not the left, and it is unclear why this request is for EMG/NCV of the left side versus the right, therefore, the request for EMG/NCV of the left upper extremity is not medically necessary.