

<b>Case Number:</b>	CM15-0023111		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Utah, Arkansas  
 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 year old female who sustained a work related injury on March 7, 2012, incurring neck and back injuries after a ball hit her in the left shoulder and head. Treatment included a home exercise program, acupuncture, physical therapy, epidural steroid injections, anti-inflammatory drugs, muscle relaxants and pain medications. Magnetic Resonance Imaging (MRI) revealed cervical stenosis and electromyogram shows radiculopathy. She was diagnosed with cervical radiculitis and cervical disc bulge with severe neuro foraminal stenosis, post concussion syndrome and brachial neuritis. Currently, the injured worker complained of increased pain and decreased strength. Currently, on February 6, 2015, a request for a service of a repeat electromyogram and nerve conduction velocity of the bilateral upper extremities; and Neurodiagnostic studies were non-certified by Utilization Review, noting the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat EMG/NCV of The Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, EMG, NCS

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EMGNeck and Upper Back Complaints, page(s) 177-188.

**Decision rationale:** The current request is for a repeat NCV/EMG of the bilateral upper extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. It is not clear at this time why the repeat Electromyography of the left upper extremity study is being requested. There is no clinical evidence in the documentation provided that the neurological findings are changing or worsening. The repeat EMG/NCV test is not indicated as a medical necessity at this time.

**Neurodiagnostic Studies:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Unable to use guidelines in this specific request, due to the ambiguity of the nature of the request.

**Decision rationale:** MTUS treatment guidelines are silent with regards to the above request. The clinical documents were reviewed. The request is for Neurodiagnostic Studies. Guidelines were not available in this specific case, because of the ambiguity of the nature of the request. It is unclear what is being requested, and the reason the study is being requested, as there is no specific mention on the request in the the documents. According to the clinical documentation provided and current guidelines; Neurodiagnostic Studies is not indicated as a medical necessity to the patient at this time.