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| Case Number: | CM15-0212479 | | |
| Date Assigned: | 11/02/2015 | Date of Injury: | 05/01/2008 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/28/2015 |

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: Florida

Certification(s)/Specialty: Neurology, 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 58 year old female, who sustained an industrial-work injury on 5-1-08. A review of the medical records indicates that the injured worker is undergoing treatment for chronic cervical strain and sprain with cervical radiculitis-radiculopathy. Treatment to date has included pain medication Tramadol, Protonix, triple transdermal cream, off of work, and activity modifications. Medical records dated (2-4-15 to 9-16-15) indicate that the injured worker complains of persistent worsening neck pain that involves the bilateral upper extremities without change. Per the treating physician report dated 2-4-15 the injured worker has not returned to work. The physical exam dated 2-4-15 reveals that the cervical spine shows that the neck is stiff in all directions with bilateral trapezius pain. There is decreased cervical range of motion with limitations due to pain. The bilateral shoulders show almost full range of motion but there is pain in the bilateral trapezius and cervicothoracic areas especially ion strength testing of the shoulders. The remaining medical records have no significant findings and just indicate "no change." The medical record dated 2-4-15 the physician indicates that further work-up is recommended to include Magnetic Resonance Imaging (MRI) of the cervical spine and electromyography (EMG) -nerve conduction velocity studies (NCV) studies of the upper extremities to determine radicular symptoms. There are no previous diagnostics noted in the records. The request for authorization was dated 8-5-15 and the service included Electromyography (EMG) and nerve conduction velocity (NCV) of the left upper extremity as outpatient. The original Utilization review dated 9-29-15 non-certified the request for

Electromyography (EMG) and nerve conduction velocity (NCV) of the left upper extremity as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and nerve conduction velocity (NCV) of the left upper extremity as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) upper extremity, EMG.

Decision rationale: The physical exam dated 2-4-15 reveals that the cervical spine shows that the neck is stiff in all directions with bilateral trapezius pain. There is decreased cervical range of motion with limitations due to pain. The bilateral shoulders show almost full range of motion but there is pain in the bilateral trapezius and cervicothoracic areas especially on strength testing of the shoulders. The remaining medical records have no significant findings and just indicate "no change." ODG supports that NCV/EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. As the medical records do not reflect findings that maybe do to involvement of more than one root level or a combination of peripheral and root level pathology, ODG does not supports the use of NCV.