

<b>Case Number:</b>	CM15-0220331		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Texas, California  
 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:

This is a 26 year old male patient who sustained a work related injury on 11-8-13. He sustained the injury due to fell off a trailer. The diagnosis includes neck pain. Per the progress notes dated 10-13-15, he had complaints of right and left sided neck pain. Physical exam dated 10-13-15 revealed pain to palpation over the cervical paraspinous muscles bilaterally, decreased sensation from C5 to L1 bilaterally, 4 out of 5 motor strength and decreased grip strength bilaterally. Current medications include Relafen. Treatments have included physical therapy-unknown number of sessions, ultrasound therapy and medication. He is not working. The treatment plan includes EMG studies of upper extremities, dispensing a TENS unit and continuing Relafen. The Request for Authorization dated 10-19-15 has requests for a neurological consult and EMG-NCV studies of upper extremities. In the Utilization Review dated 10-26-15, the requested treatments of a neurological consult and EMG-NCV studies of upper extremities are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurological consultation qty 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American Independent Medical Examinations and Consultations, 2nd Edition, Chapter 7 (pp 127).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Neurological consultation qty 1. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided the patient had right and left sided neck pain. The patient has objective neurological findings on the physical exam, pain to palpation over the cervical paraspinal muscles bilaterally, decreased sensation from C5 to L1 bilaterally, 4 out of 5 motor strength and decreased grip strength bilaterally. The request for Neurological consultation qty 1 is medically necessary for this patient to evaluate and manage his neurological symptoms.

**EMG (Electromyography)/NCV (Nerve Conduction Velocity), upper extremities bilaterally qty 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

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

**Decision rationale:** EMG (Electromyography)/NCV (Nerve Conduction Velocity), upper extremities bilaterally qty 1. Per the cited guidelines "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic. Per the records provided the patient had right and left sided neck pain. The patient has objective neurological findings on the physical exam, pain to palpation over the cervical paraspinal muscles bilaterally, decreased sensation from C5 to L1 bilaterally, 4 out of 5 motor strength and decreased grip strength bilaterally. The EMG/NCV study would help to diagnose and differentiate between radiculopathy and peripheral neuropathy. The request for EMG (Electromyography)/NCV (Nerve Conduction Velocity), upper extremities bilaterally qty 1 is medically necessary for this patient.

**NCV (Nerve Conduction Velocity) EA, motor W/F-wave qty 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

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

**Decision rationale:** NCV (Nerve Conduction Velocity) EA, motor W/F-wave qty 1. Per the cited guidelines "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic. Per the records provided the patient had right and left sided neck pain. The patient has objective neurological findings on the physical exam, pain to palpation over the cervical paraspinous muscles bilaterally, decreased sensation from C5 to L1 bilaterally, 4 out of 5 motor strength and decreased grip strength bilaterally. The NCV study would help to diagnose and differentiate between radiculopathy and peripheral neuropathy. The request for NCV (Nerve Conduction Velocity) EA, motor W/F-wave qty 1 is medically necessary for this patient.