

Case Number:	CM15-0032078		
Date Assigned:	02/25/2015	Date of Injury:	05/16/2013
Decision Date:	04/07/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/20/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 65 year old female who sustained an industrial injury on 5/16/13 injuring her cervical spine, right shoulder/arm and lumbar spine. Currently she complains of occasional neck pain that radiates to the right side of her head with pain intensity of 8/10; right shoulder and right scapula pain, 8-9/10; occasional low back pain, 4-7/10; occasional right wrist pain that radiates to her right forearm, 6/10; left shoulder pain 4-7/10. Medications include Prolosec, Ultram. Diagnoses include lumbar spine sprain/ strain with degenerative disc disease; right shoulder rotator cuff tear; status post right shoulder injury 1980; cephalgia; bilateral wrist arthritis- severe; chronic right scaphoid nonunion; bilateral carpal tunnel syndrome; right medial epicondylitis; cervical spine strain with degenerative disc disease; depression; anxiety; sleep difficulty. Treatments to date include physical therapy to cervical and lumbar spine, pain management, bilateral wrist splints, cervical collar. Diagnostics include electromyography/ nerve conduction velocity (11/15/13) right upper extremity. In the progress note dated 1/13/15 the treating provider recommended electromyography/ nerve conduction velocity of the bilateral upper extremities. On 2/5/15, Utilization Review non-certified the request for electromyography/ nerve conduction velocity of the left upper extremity, the citing was not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), “Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks.” EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. “When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study
Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.” (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). There is no documentation of peripheral nerve damage, cervical radiculopathy and entrapment neuropathy that requires electromagnetic testing. There is no documentation of significant change in the patient condition. Therefore, the request for EMG/NCV of left upper extremity is not medically necessary.