MAXIMUS Federal Services

Case Number:	CM15-0033965		
Date Assigned:	03/27/2015	Date of Injury:	06/01/2014
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/23/2015

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 York
Certification(s)/Specialty: Internal 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 52-year-old male, who sustained a work related injury on 6/1/14. He injured his neck and back trying to free a stuck cart. The diagnoses have included multilevel degenerative disc disease, cervical radiculopathy and chronic pain. Treatments to date have included cervical x-rays on 8/25/14, MRI of cervical spine on 10/1/14 and medications. In the PR-2 dated 12/22/14, the injured worker complains of neck pain with certain movements of head and neck. Cervical range of motion is decreased due to pain. He has lower posterior neck tenderness to touch. The treatment plan for this progress note was chiropractic visits, massage and pain management with injections. In part of a progress note available in these medical records dated 1/23/15, the biceps flexion and triceps extension are quite weak on left arm. Sensation is decreased in left arm. The range of motion of the cervical spine is decreased. The plan of treatment for this visit was the requested treatment of EMG/NCV studies of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines: Nerve Conduction Velocity 2010.

Decision rationale: The request for diagnostic test EMG/NCV; bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The Official Disability Guidelines further state that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy In this case, there was documentation indicating the claimant has upper extremity radiculopathy but had improvement in his symptoms with chiropractic therapy. Additional chiropractic treatments have been certified. Furthermore, electromyography testing has not been conducted to rule out radiculopathy prior to the request for the nerve conduction study. Given that the claimant's symptoms have improved, medical necessity for the requested EMG/NCV; bilateral upper extremities is not established. The requested item is not medically necessary.