

Case Number:	CM15-0034733		
Date Assigned:	03/03/2015	Date of Injury:	06/10/2008
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 34 year old male, who sustained an industrial injury on 6/10/08. On 2/24/15, the injured worker submitted an application for IMR for review of bilateral upper extremity Electromyography (EMG) nerve conduction velocity (NCV). The treating provider has reported on 10/28/14, the injured worker complained of lower back pain and neck and right shoulder pain. Provider suggests updated EMG/NCV upper extremity due to prolonged upper extremity neuroradicular complaints. The diagnoses have included lumbar sprain strain; right shoulder strain. Treatment to date has included status post lumbar L4-S1 decompression and fusion (6/3/11). On 1/28/15 Utilization Review non-certified bilateral upper extremity Electromyography (EMG) nerve conduction velocity (NCV). The MTUS and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral upper extremity Electromyograph (EMG) nerve conduction velocity (NCV):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 269.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for EMG/NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent physical examination findings identifying focal neurologic deficits for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.