

Case Number:	CM15-0036291		
Date Assigned:	03/04/2015	Date of Injury:	04/24/2014
Decision Date:	04/20/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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

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 50-year-old male, who sustained an industrial injury on 4/24/2014, while employed as an [REDACTED] technician. He reported hurting his right arm, while climbing on a pipe and almost falling. The injured worker was diagnosed as having cervical, lumbar, and right shoulder strain. Treatment to date has included conservative measures, including physical therapy. Magnetic resonance imaging of the cervical spine, dated 11/25/2014 and 12/05/2014, were submitted. Currently, the injured worker complains of cervical pain, with radiation into his right arm. Physical exam noted decreased range of motion of the cervical spine, with upper trapezius tenderness. Spurling's test was negative. Magnetic resonance imaging findings were referenced as showing multiple disc bulges, the largest at 3mm.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: Based on the 01/07/15 progress report provided by treating physician, the patient presents with cervical pain that radiates down into the right arm and seizures. The request is for EMG/NCV upper extremities. RFA not provided. Patient's diagnosis on 01/07/15 includes cervical disc degeneration and sprain of neck. Physical exam on 01/07/15 revealed decreased range of motion, upper trapezius tenderness and negative Spurling's test. MRI studies of the cervical spine dated 11/25/2014 and 12/05/2014 were submitted. Cervical MRI findings on 12/05/14 revealed multiple disc bulges, the largest 3mm at C5-6, and multilevel spinal canal stenosis and bilateral neural foraminal narrowing. Treatment to date has included conservative measures, including physical therapy and chiropractic. Patient is off work, per treater report dated 01/07/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the patient has chronic neck pain radiating to the right arm. Treater is requesting electrodiagnostic studies. UR letter dated 01/27/15 states "EMG/NCV would be ordered prior to MRI." However, there is no evidence that prior electrodiagnostic study was done. Given patient's continued cervical pain with radicular symptoms and no evidence of prior EMG, the request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.