

Case Number:	CM15-0036995		
Date Assigned:	03/05/2015	Date of Injury:	04/20/2011
Decision Date:	04/09/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/27/2015

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: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 4/20/2011, while employed as a medical bus driver, resulting in left arm pain. The diagnoses have included neck sprain, anxiety, and depression. Treatment to date has included surgical (6/2012 anterior cervical disc excision and fusion, C5-6 and C6-7, and 2013 was documented as having a second procedure) and conservative measures. Neurosurgical follow-up visit, dated 2/27/2015, noted an impression of satisfactory fusion C5-6 and C6-7, with no evidence of pseudoarthrosis. Electromyogram and nerve conduction studies from 2/12/2015 were referenced as showing low grade left C5-6 radiculopathy, with ongoing and chronic denervation. Reports of diagnostic testing were not noted. In 1/2015, the injured worker complained of pain in the posterior occipital and suboccipital areas, going into the dorsal left lateral neck, right greater than left shoulder, and left upper arm. She reported associated numbness and tingling, as well as C6 distribution on the left. Neck and shoulder pain were rated 8/10. Left arm pain was rated 7/10. Cervical range of motion was decreased, upper extremity reflexes were 2+, except for 1+ left triceps. Grip was 72/84/86 on right and 75/71/66 on left. Treatment plan included electromyogram and nerve conduction studies of the bilateral upper extremities. Current medication regime was not noted. Recent neurosurgical consultation requested updated electrodiagnostics due to complaints of increasing left upper extremity weakness and diminished reflexes. On 2/02/2015, Utilization Review non-certified a request for electromyogram and nerve conduction studies of the bilateral upper extremities, noting the lack of compliance with MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral 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 8 Neck and Upper Back Complaints Page(s): 177, 178.

Decision rationale: MTUS Guidelines support electrodiagnostic testing if symptoms suggest neurological compromise and there is no improvement over time. These standards are met in this individual. Symptoms have been persistent and worsening for several months. Neurological specialist documents neurological dysfunction that is consistent with a radiculopathy. There are complicating co-morbidities (diabetes) that can cause neurological dysfunction and need be evaluated as part of this individuals presenting complaints. Under these circumstances, the request for upper extremity bilateral electrodiagnostics (EMG/NCV) is consistent with Guidelines and is medically necessary.