

Case Number:	CM15-0037750		
Date Assigned:	03/06/2015	Date of Injury:	03/12/2009
Decision Date:	04/16/2015	UR Denial Date:	01/27/2015
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: 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 36 year old, female patient, who sustained an industrial injury on 03/12/2009. A pain management progress note dated 12/22/2014, reported subjective complaint of neck pain with associated headaches. The pain radiates to the right upper arm and is rated a 9 in intensity out of 10, without medications and with the use of medications the pain drops down to a 6 in intensity. She also has complaint of low back pain that radiates to bilateral lower extremities. In addition, the patient complains of bilateral shoulder pain, bilateral wrist pains, greater on right, and difficulty sleeping. Objective findings showed tenderness and spasm palpable over bilateral paracervical muscles and bilateral trapezius muscles. The Spurling's and cervical distraction tests are positive bilaterally. There is decreased cervical range of motion in all planes due to end range neck pain. There is tenderness and spasm palpable over bilateral paralumbar muscles and the straight leg raise is bilaterally positive. The following diagnoses are applied; cervical disc displacement with radiculopathy; cervical spine stenosis; cervical radiculopathy; cervical strain/sprain; cephalgia; lumbar disc displacement with radiculopathy; lumbar spine stenosis; lumbar radiculopathy; lumbar sprain/ strain; shoulder rotator cuff syndrome; shoudler strain/sprain; bilateral wrist strain/sprain; insomnia, anxiety and depression. A request was made for electrical nerve conduction study of bilateral upper extremities. On 01/27/2015, Utilization Review, non-certified the request, noting the CA MTUS/ACOEM Chapter 8, pages 177-179 was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG)/nerve conduction velocity (NCV) of 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 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: According to the 01/12/2015 hand written progress report, this patient presents with a 7-9/10 neck pain associated with headaches, bilateral shoulder and wrist pain. The current request is for Electromyograph (EMG)/nerve conduction velocity (NCV) of bilateral upper extremities. The request for authorization is on 01/26/2015. The patient's work status is to "remain off-work until 02/27/2015." The Utilization Review denial letter states "the clinical documentation submitted for review does not provide evidence of significant neurological deficits to show medical necessity for the requested service." Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. Based on the medical reports provided for review, this patient has not had an EMG/NVC study. In this case, the physical exam findings from 12/22/2014 report show positive Spurling's, cervical distraction test, Impingement and Supraspinatus tests. An EMG/NVC study would appear reasonable and is supported by the ACOEM guidelines. The request IS medically necessary.