

Case Number:	CM15-0045659		
Date Assigned:	03/18/2015	Date of Injury:	06/15/2012
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 39-year-old female, who sustained an industrial injury on 06/15/2012. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 11/24/2014 the injured worker has reported neck pain and tremors. The diagnoses have included chronic headaches, degenerative cervical disc, cervical radiculitis and muscle pain. Treatment to date has included medication, cervical MRI and neurology consultation. On examination of cervical spine was noted as non-tender with a full range of motion and negative spurling.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: ACOEM Guidelines chapter 8 indicates that EMG/NCV may help identify subtle neurological dysfunction in patients with neck and arm symptoms. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both, lasting three or four weeks. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiologic insult and anatomical defect in the case of neck pain. According to the documents available for review, the IW current complains of neck pain without radiation. Therefore, an EMG/NCV is unlikely to be beneficial. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established. The request is not medically necessary.