

Case Number:	CM15-0052463		
Date Assigned:	03/25/2015	Date of Injury:	10/06/2010
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 66-year-old female, who sustained an industrial injury on 10/6/10. The injured worker was diagnosed as having disc protrusion cervical spine and carpal tunnel syndrome right wrist. Treatment to date has included right hand carpal tunnel syndrome injection, right wrist brace, oral NSAIDS and physical therapy. An MRI in 7/2013 showed C4-C7 foraminal narrowing. The claimant had an EMG/NCV the same year but results are unknown. Currently, the injured worker complains of cervical spine pain with radiation to right arm. The injured worker noted some improvement following right hand injection. The treatment plan included request for authorization of cervical epidural steroid injection and right upper extremity (NCV) Nerve Condition Velocity/(EMG) Electromyogram studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the right upper extremity: Upheld

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

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

Decision rationale: According to the guidelines, an EMG/NCV is not recommended for diagnosis of nerve root involvement if history, exam and imaging are consistent. It is recommended for clarifying nerve root dysfunction. In this case, the claimant had no neurological findings on exam despite complaints of tingling in the upper extremities. The MRI did not indicate nerve root involvement. A prior EMG/NCV was performed. Results were not provided. The request for an EMG/NCV is not substantiated and therefore not medically necessary.