

Case Number:	CM15-0053882		
Date Assigned:	03/27/2015	Date of Injury:	06/04/2000
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/20/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 53-year-old female, who sustained an industrial injury on June 4, 2000. The injured worker was diagnosed as having history of anterior cervical discectomy and fusion with residual neck pain and probable left cubital tunnel syndrome improved. Treatment to date has included medication and cervical surgery. Currently, the injured worker complains of a slight increase in her neck pain and stiffness, with occasional muscle spasms at night. The single Primary Treating Physician's report submitted for review dated November 19, 2014, noted the injured worker reporting functional improvement and pain relief with the adjunct of the medications. Examination of the cervical spine was noted to show tenderness of the posterior cervical and bilateral trapezial musculature. A request for authorization for return appointment and prescription refill of Soma was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity Study for the Bilateral Upper Extremities:
 Upheld

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): 178.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is no documentation that the patient is experiencing symptoms of radicular pain and there are no documented neurological deficits. In addition, documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request is not medically necessary.