

Case Number:	CM15-0057782		
Date Assigned:	04/02/2015	Date of Injury:	07/13/2012
Decision Date:	07/23/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/26/2015

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 64-year-old female who sustained an industrial injury on 07/13/12. Initial complaints and diagnoses are not available. Treatments to date include medications, TENS unit, gym, and acupuncture. Diagnostic studies include a MIR of the left shoulder. Current complaints include low back pain. Current diagnoses include lumber sacral strain with bilateral sciatica, and bilateral shoulder strain, with right shoulder surgery scheduled for April. In a progress note dated 02/25/15 the treating provider reports the plan of care as continued TENS and gym, Ultrasound on the date of service, continue meds, and return in 1-2 weeks for ultrasound of the lumbar spine and shoulder strain, as well as a electro diagnostic study of the bilateral upper extremities and a MRI of the lumbar spine. The requested treatments include an electro diagnostic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient electromyograph (EMG)/nerve conduction velocity (NCV): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Recommended (needle, not surface) as an option in selected cases. EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. While cervical electro diagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. Outpatient electromyography (EMG)/nerve conduction velocity (NCV) is not medically necessary.