

Case Number:	CM15-0058612		
Date Assigned:	04/03/2015	Date of Injury:	03/19/2005
Decision Date:	05/04/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/27/2015

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 53 year old, female who sustained a work related injury on 3/19/05. The diagnoses have included brachial neuritis and cervical disc displacement without myelopathy. Treatments have included chiropractic treatments, MRIs, x-rays, physical therapy, medications, previous electro diagnostic studies and completion of a functional restoration program. In the Office Visit note dated 3/3/15, the injured worker complains of chronic neck and bilateral arm pain. She has tenderness to palpation of cervical paraspinal muscles, right greater than left. The range of motion is decreased in cervical spine. The treatment plan is a formal request for an EMG (EMG/NCV) of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV 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 Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, medical necessity for NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any peripheral entrapment syndrome, only with continued chronic pain without specific consistent myotomal or dermatomal correlation to support for repeating the NCV previously performed. There is not change in chronic symptoms or progression of clinical findings to support repeat the diagnostic study. The NCV right upper extremity is not medically necessary and appropriate.

NCV left 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 Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, medical necessity for NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any peripheral entrapment syndrome, only with continued chronic pain without specific consistent myotomal or dermatomal correlation to support for repeating the NCV previously performed. There is not change in chronic symptoms or progression of clinical findings to support repeat the diagnostic study. The NCV left upper extremity is not medically necessary and appropriate.