

Case Number:	CM15-0060072		
Date Assigned:	04/06/2015	Date of Injury:	05/03/2014
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 61 year old female, who sustained an industrial injury on 5/3/14. She reported right arm/shoulder. The injured worker was diagnosed as having cervical sprain with possible radiculopathy, right shoulder sprain with possible shoulder derangement and possible carpal tunnel syndrome. Treatment to date has included physical therapy, oral medications and activity restrictions. Currently, the injured worker complains of neck pain with radiation to right upper extremity with numbness and tingling, she also complains of right shoulder pain. Upon physical exam, pain is noted on cervical motion, pain is noted on shoulder motion and limited range of motion of neck and shoulder are noted with decreased grip strength of right hand. The treatment plan consists of (MRI) magnetic resonance imaging of cervical spine and right shoulder and (EMG) Electromyogram and (NCV) Nerve Condition Velocity studies of upper extremities and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 303-305. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition Chapter: Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, left lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are cervical sprain with possible radiculopathy; right shoulder strain with possible shoulder derangement; and possible carpal tunnel syndrome. The requesting physician's most recent progress note is dated December 15, 2014. The request for authorization is dated March 2, 2015. There are no low back complaints. There is no neurologic evaluation referencing the lower extremities. EMG/NCV's are indicated when there is unequivocal specific nerve compromise on the neurologic evaluation. There is no neurologic evaluation of the lower extremities (as noted above). Consequently, absent clinical documentation of low back complaints and lower extremity radicular symptoms, objective evidence of a neurologic evaluation referencing the lower extremities, left lower extremity EMG/NCV studies are not medically necessary.

EMG/NCV right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition Chapter: Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, right lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are cervical sprain with possible radiculopathy; right shoulder strain with possible shoulder derangement; and possible carpal tunnel syndrome. The requesting physician's most

recent progress note is dated December 15, 2014. The request for authorization is dated March 2, 2015. There are no low back complaints. There is no neurologic evaluation referencing the lower extremities. EMG/NCV's are indicated when there is unequivocal specific nerve compromise on the neurologic evaluation. There is no neurologic evaluation of the lower extremities (as noted above). Consequently, absent clinical documentation of low back complaints and lower extremity radicular symptoms, objective evidence of a neurologic evaluation referencing the lower extremities, right lower extremity EMG/NCV studies are not medically necessary.