

Case Number:	CM15-0060405		
Date Assigned:	04/06/2015	Date of Injury:	08/16/2013
Decision Date:	05/11/2015	UR Denial Date:	03/05/2015
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: 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 was a 48 year old male, who sustained an industrial injury, August 16, 2013. The injured worker previously received the following treatments: Vicodin, Terocin Patches, lumbar spine injection, toxicology laboratory studies and Lumbar spine MRI. The injured worker was diagnosed with pin in joint of shoulder, rotator cuff injury, disc disorder lumbar and lumbar radiculopathy, low back pain, encounter long term use narcotics and cervicobrachial syndrome. According to progress note of February 24, 2015, the injured worker's chief complaint was lost of feeling in the right hand especially in the 3rd, 4th, and 5th digits. The injured worker rated the pain 6 out of 10 (0 being no pain and 10 being the worst pain). The physical exam noted decreased sensation over the index, middle and right fingers of the right hand. Dysesthesias was present over the index, middle finger and ring finger of the right hand. The treatment plan included EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NSC right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 the patient is not experiencing symptoms of radicular pain and there are no focal motor or sensory 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.