

Case Number:	CM15-0081495		
Date Assigned:	05/04/2015	Date of Injury:	03/09/2005
Decision Date:	06/04/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/28/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on 3/9/05. The injured worker has complaints of pain of neck and upper extremities. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified; pain in soft tissues of limb and unspecified myalgia and myositis. Treatment to date has included wheeled walker and pain management. The request was for electromyography/nerve velocity of the upper/lower extremities. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity of the upper/lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Pain complaints Page(s): 182.

Decision rationale: MTUS guidelines recommend EMG/NCS studies in cases where clarification of nerve root dysfunction is necessary. Regarding this patient's case, many of the

records submitted are hand written and illegible. There is no decipherable documentation of possible nerve dysfunction being suspected in the extremities. Likewise, this request is not medically necessary.