

Case Number:	CM15-0085263		
Date Assigned:	05/07/2015	Date of Injury:	05/11/2014
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/04/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 37-year-old male, who sustained an industrial injury on 05/11/2014. According to a handwritten partially legible progress report dated 03/31/2015, neck, left periscapular and low back pain improved with acupuncture treatment for a few days but pain still persisted in the low back, neck and left shoulder. Pain was described as a nagging irritation, moderate, frequent, and dull with numbness and weakness. The injured worker had attended 2-3 acupuncture visits out of 6. Diagnoses included lumbar sprain/strain with bilateral lower extremity radiculitis, cervical sprain/strain with left upper extremity radiculitis and bilateral plantar fasciitis. Treatment plan included continue remaining acupuncture treatment and follow up in 4-6 weeks to assess status of cervical spine MRI, left shoulder and left upper extremity EMG/NCV (electromyography and nerve conduction velocity studies). Currently under review is the request for nerve conduction velocity studies and electromyography of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the 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): 178.

Decision rationale: This 37 year old male has complained of neck and left shoulder pain since date of injury 5/11/14. He has been treated with acupuncture, physical therapy and medications. The current request is for NCV of the left upper extremity. The available medical records do not adequately document any neurologic examination changes or findings that warrant obtaining an NCV of the left upper extremity. On the basis of the available medical records and per the ACOEM guidelines cited above, NCV of the left upper extremity is not indicated as medically necessary.

EMG of the 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): 178.

Decision rationale: This 37 year old male has complained of neck and left shoulder pain since date of injury 5/11/14. He has been treated with acupuncture, physical therapy and medications. The current request is for EMG of the left upper extremity. The available medical records do not adequately document any neurologic examination changes or findings that warrant obtaining an EMG of the left upper extremity. On the basis of the available medical records and per the ACOEM guidelines cited above, EMG of the left upper extremity is not indicated as medically necessary.