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| Case Number: | CM14-0111912 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 12/05/2012 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 07/17/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old male who reported an injury on 12/05/2012 due to cumulative trauma. On 06/03/2014, the injured worker presented with complaints of severe, constant, and chronic pain to the right shoulder, right hand, and upper extremity. Upon examination of the cervical spine, there was significant limited range of motion with a bilateral positive Spurling's maneuver. There was diffuse right upper extremity pain and discomfort with a positive Tinel's and Phalen's to the right wrist. Deep tendon reflexes and sensory examination was intact. An EMG performed in 02/2013 preoperatively revealed severe right carpal tunnel syndrome. The injured worker still continues to have right upper extremity pain. Prior therapy included surgery. The provider recommended an EMG/NCV at the cervical spine. The provider stated that the previous study is over a year old. The Request for Authorization form was dated 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Insert Chapter>, page(s) 268-269.

Decision rationale: The request for EMG/NCV of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines recommend electromyography or nerve conduction study in case of peripheral nerve impingement. If no improvement and worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. Per the documentation the injured worker had a positive Spurling's test; however, it was not accompanied by any objective neurologic findings. There was lack of documentation that the injured worker had a failed trial of conservative treatment to include medications and physical medicine. As such, medical necessity is not established.