

Case Number:	CM14-0115141		
Date Assigned:	08/04/2014	Date of Injury:	03/02/2014
Decision Date:	10/16/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/21/2014

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 , has a subspecialty in Pain Medicine 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 53-year-old gentleman who was reportedly injured on March 2, 2014. The most recent progress note, dated May 16, 2014, indicates that there were ongoing complaints of neck pain, right shoulder pain, and low back pain. Current medications include Ultram, Norco, Cyclobenzaprine, Protonix, and topical creams. The physical examination demonstrated tenderness across the cervical spine paraspinal muscles. There was right shoulder depression and decreased right shoulder range of motion with pain. Diagnostic imaging studies are unknown. Previous treatment includes a Toradol injection. A request had been made for EMG and NCV studies of the right and left upper extremity and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (updated 05/30/2014)-Electromyography (EMG) / Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): (electronically cited).

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The progress note dated May 16, 2014, does not indicate any upper extremity neuropathic findings. As such, the request for EMG and NCV studies of the left and right upper extremities are not medically necessary.

Nerve Conduction Velocity (NCV) left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (updated 05/30/2014)-Electromyography (EMG) / Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): (electronically cited).

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The progress note dated May 16, 2014, does not indicate any upper extremity neuropathic findings. As such, the request for EMG and NCV studies of the left and right upper extremities are not medically necessary.

Electromyography (EMG) right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (updated 05/30/2014)-Electromyography (EMG) / Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): (electronically cited).

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The progress note dated May 16, 2014, does not indicate any upper extremity neuropathic findings. As such, this request for EMG and NCV studies of the left and right upper extremities are not medically necessary.

Nerve Conduction Velocity (NCV) right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Neck and Upper Back (updated 05/30/2014)-Electromyography (EMG) / Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): (electronically cited).

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The progress note dated May 16, 2014, does not indicate any upper extremity neuropathic findings. As such, the request for EMG and NCV studies of the left and right upper extremities are not medically necessary.