

Case Number:	CM14-0126862		
Date Assigned:	08/13/2014	Date of Injury:	07/01/2012
Decision Date:	10/16/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/11/2014

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 Occupational 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:

This is a 56 year old male with a 7/1/2012 date of injury. The exact mechanism of the original injury was not clearly described. 5/8/14 progress report noted neck pain radiating to both upper extremities. The patient had sensory cervical tenderness bilaterally, decreased ROM, with normal motor strength of upper extremities bilaterally, and symmetric DTRs. There is decreased sensation in C5-6 distribution bilaterally. Diagnostic Impression: cervical spine myoligamentous injury Treatment to Date: physical therapy, chiropractic, medication management A UR decision dated 7/23/14 modified the request for EMG/NCV bilateral upper extremities and certified EMG of the bilateral upper extremities, denying NCV studies. Due to the presence of paresthasias, neurosensory findings and pain, it is reasonable to perform EMG, but NCV are only necessary if the EMG is either inconclusive or there is significant confusion with the possibility of a peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV 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 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, while there are noted to be bilateral sensory abnormalities along the C5-6 distribution, there are no definite objective abnormalities consistent with radiculopathy. There are no motor or reflex abnormalities bilaterally. Furthermore, there is no clear documentation of failure of conservative management. Therefore, the request for NCV left upper extremity was not medically necessary.

EMG Right 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 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, while there are noted to be bilateral sensory abnormalities along the C5-6 distribution, there are no definite objective abnormalities consistent with radiculopathy. There are no motor or reflex abnormalities bilaterally. Furthermore, there is no clear documentation of failure of conservative management. Therefore, the request for NCV right upper extremity was not medically necessary.