

<b>Case Number:</b>	CM14-0142234		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Neurology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

7/18/14 note indicates cervical spine MRI with disc herniation at C5-6. 6/25/14 PR-2 notes pain in the left shoulder and has pain and numbness in the left hand. Examination notes decreased sensation in the lateral aspect of the left upper arm. There is diffuse decrease sensation in the left hand and digits. There is positive Tinel's at the left wrist. The range of motion is quite guarded.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Velocity (NCV) Left Upper Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation; Transcutaneous Electrotherap. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, NCV

**Decision rationale:** The medical records indicate neurologic deficits of sensation that are not explained by MRI and may be peripheral or central in origin. NCV is supported to differentiate etiology and guide further treatment. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus

abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment.