

Case Number:	CM14-0160332		
Date Assigned:	10/03/2014	Date of Injury:	04/04/2014
Decision Date:	11/07/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 Interventional Spine 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 patient is a 56 years old male with an injury date on 04/04/2014. Based on the 08/14/2014 hand written progress report provided by [REDACTED], the diagnoses are pain in the thoracic spine; pain in the lumbar spine; hand/wrist derangement; lumbar spine radiculitis; and cervical degenerative disc disease. According to this report, the patient complains of "severe cervical spine pain" and "BUE pain and weakness." Spurling's test is positive. The 06/25/2014 report indicates numbness, tingling and weakness at the bilateral upper extremity. Pain is rates as an 8/10. Repetitive neck bending/twisting, repetitive lifting/carrying, repetitive hand/arm movement and repetitive overhead reaching would aggravate the pain. There were no other significant findings noted on this report. The utilization review denied the request on 09/18/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/22/2014 to 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 08/14/2014 report by [REDACTED] this patient presents with "severe cervical spine pain" and "BUE pain and weakness." The provider is requesting EMG / NCV of the upper extremities. Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. Review of reports does not show any evidence of prior EMG/NVC of the upper extremity. In this case, the patient presents with numbness and weakness in the upper extremity. The requested EMG/NCV of the bilateral upper extremity appears reasonable. Therefore, this request is medically necessary.