

Case Number:	CM14-0162568		
Date Assigned:	10/07/2014	Date of Injury:	07/11/2014
Decision Date:	11/07/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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 American Board Family Practice 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:

52 yr. old female claimant sustained a cumulative work injury from 10/1/05-9/7/14 involving the shoulders, wrists, back and neck. She was diagnosed with cervical, lumbar, bilateral wrists and bilateral shoulder pain. A progress note on 9/23/14 indicated the claimant had 8/10 pain. Exam findings were notable for abnormal sensation in the C5 and C6 dermatomes. There was limited range of motion of the cervical, thoracic and lumbar spines. There was abnormal sensation in the T12 dermatome. Kemp's test was positive and there was altered sensation in the L2-L4 dermatomes. There was paraspinal muscle tenderness along the cervical through lumbar regions. An EMG/NCV was ordered for upper and lower extremities to rule out nerve entrapment as well as an MRI of the cervical, thoracic and lumbar spine. A prior MRI of the shoulders showed rotator cuff tendonopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the 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, Neck and Upper Back (updated 8/4/14), Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Pain

Decision rationale: According to the guidelines, and NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. As noted below, an EMG of the right upper extremity is not medically necessary. In addition, an MRI was ordered to evaluate for pathology. The request for an NCV of the right upper extremity is therefore not medically necessary.

EMG of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (updated 8/4/14), Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Pain

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for diagnosis of nerve root involvement is history, physical and imaging study is consistent. In this case, the physical and history are consistent. The claimant has an MRI ordered. An EMG is therefore not medically necessary for the left upper extremity.

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Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (updated 8/4/14), Nerve Conduction Studies (NCS)

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