

Case Number:	CM14-0175708		
Date Assigned:	10/28/2014	Date of Injury:	05/22/2007
Decision Date:	12/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/23/2014

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 Internal 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 patient is an injured worker with a history of cervical stenosis and cervical degenerative disc disorder. Date of injury was 05-22-2007. Primary treating physician's progress report dated 8/27/14 documented the interval history. The patient presented for a follow-up of neck and back pain. Since the last visit, the patient's pain had completely improved, and he reported that he was pain free. He stated that he continued with a home exercise program. Past treatments included chiropractic, acupuncture, physical therapy, epidural steroid injection, and neck surgery. Objective findings were documented. The patient was alert and oriented, in no acute distress. Non-tender to palpation of the cervical spine was documented. Range of motion of cervical spine was decreased in all planes. The Upper extremity and lower extremity sensation are intact. Deltoid and biceps was 5-/5 on the left. Negative Spurling's test was noted bilaterally. Diagnoses were cervical stenosis and cervical degenerative disc disorder. Electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral upper extremities were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/nerve conduction velocity (EMG/NCV) tests of the bilateral upper extremities (BUE), performed on September 2, 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 181-183. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Work Loss Data Institute Bibliographic Source: Work Loss Data Institute. Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. Guideline.Gov

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses nerve conduction velocity (NCV). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Page 178) states that nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction. Work Loss Data Institute guideline for the neck and upper back (acute & chronic) states that nerve conduction studies (NCS) are not recommended. MTUS addresses EMG electromyography. ACOEM 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that EMG electromyography for diagnosis of nerve involvement, if findings of history, physical exam, and imaging study are consistent, is not recommended. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) state that EMG is not necessary for the diagnosis of intervertebral disk disease with radiculopathy. Primary treating physician's progress report dated 8/27/14 documented that the patient's neck and back pain had completely improved. The patient reported that he was pain free. The cervical spine was non-tender. Because the patient was pain free, the request for electromyography (EMG) and nerve conduction studies (NCS) of the bilateral upper extremities is not supported. Therefore, the request for Electromyography/nerve conduction velocity (EMG/NCV) tests of the bilateral upper extremities (BUE), performed on September 2, 2014 was not medically necessary.