

Case Number:	CM14-0111401		
Date Assigned:	08/01/2014	Date of Injury:	03/13/2001
Decision Date:	01/06/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/15/2014

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:

4/23/14 note reports reduced range of motion in the neck and shoulder with associated tenderness. There is pain reported in a C5-C7 distribution. There is weakness of flexion and abduction of the right shoulder and right hand grasp rated 4/5 on the right. There is reduced sensation and temperature sense reported in approximately C6 distribution. There is reduced biceps, triceps, and brachioradialis reflexes on the right compared to the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction study (NCS), neck and right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Upper Extremity, EMG, and on Other Medical Treatment Guideline or Medical Evidence: The American Association of Electrodiagnostic Medicine Conducted a Review on Electro-Diagnosis, EMG, see the Low Back Chapter.

Decision rationale: The medical records report findings of weakness and sensory loss as well as decreased reflexes across more than one dermatome. ODG supports that NCV/EMG may be

helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. As the medical records reflect findings that may be due to involvement of more than one root level or a combination of peripheral and root level pathology, ODG supports the use of NCV. Therefore, nerve conduction study (NCS), neck and right upper extremity is medically necessary and appropriate.

Electromyography (EMG), neck and right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremity, EMG, and on Other Medical Treatment Guideline or Medical Evidence: The American Association of Electrodiagnostic Medicine; EMG, Low Back Chapter

Decision rationale: The medical records report findings of weakness and sensory loss as well as decreased reflexes across more than one dermatome. ODG supports that NCV/EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. As the medical records reflect findings that may be due to involvement of more than one root level or a combination of peripheral and root level pathology, ODG supports the use of EMG. Therefore, electromyography (EMG), neck and right upper extremity is medically necessary and appropriate.