

Case Number:	CM14-0213566		
Date Assigned:	12/31/2014	Date of Injury:	04/19/2013
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 47 year old male who was injured on 4/19/2013 related to cumulative trauma to the neck, low back, and shoulders. He was diagnosed with chronic cervicgia with left arm radicular pain secondary to cervical degenerative disc disease. He was treated with surgery (cervical fusion). On 11/10/14, the worker was seen by his treating physician reporting continual left neck pain and left arm pain. He reported using gabapentin and opioids. Physical findings included normal deep tendon reflexes, normal motor strength, and numbness in the left arm and left leg. No abnormalities of the right upper extremity were documented. He was then recommended EMG/NCV for both left and right upper extremities to assess for compression neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction studies/Electromyography bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 week period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was insufficient evidence from subjective and especially from physical findings to warrant bilateral electrodiagnostic testing. Although left sided complaint of numbness in the left arm was documented, there were normal examination findings of the right upper extremity without any evidence for nerve compromise. Left-sided electrodiagnostic testing might have been reasonable; however right-sided testing would not. Therefore, the request for "bilateral" upper extremity electrodiagnostic testing is not medically necessary.