

Case Number:	CM14-0213663		
Date Assigned:	12/31/2014	Date of Injury:	08/28/2012
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 51 year old male with an injury date of 08/28/12. Based on the 05/08/14 progress report provided by treating physician, the patient complains of neck pain radiating to upper extremities. Physical examination of the cervical spine revealed tenderness to palpation over the cervicodorsal muscle. Patient has full range of motion of his neck without any associated abnormality. Patient has had 4 injections. Patient's current medications include Tramadol and Gabapentin. Per treater report dated 11/04/14, the patient is not working.EMG / NCV of both upper extemities on 04/04/13 shows studies are entirely negative and within normal limits.MRI of the cervical spine on 01/23/13 shows posterior disc bulge of 4 mm at C3-4X-Ray of the cervical spine on 06/16/14 shows cervical spondylosis C5-C6 disc.Diagnosis (05/08/14)- Degenerative bulging disc, multiple levels, cervical spine- Neck painThe utilization review determination being challenged is dated 11/26/14. The rationale follows: "An EMG was done on 4/4/13 and was unremarkable. The neurological examination was within normal limits."Treatment reports were provided from02/14/14 to 00/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/NCV (nerve conduction velocity) of the right upper extremity for the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with neck pain radiating to upper extremities. The request is for EMG (ELECTROMYOGRAPHY) / NCV (NERVE CONDUCTION VELOCITY) OF THE RIGHT UPPER EXTREMITY FOR THE CERVICAL SPINE. Patient has had 4 injections. Patient's current medications include Tramadol and Gabapentin. Patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater has not provided reason for the request. EMG and nerve conduction studies of both upper extremities on 04/04/13 revealed no evidence of carpal tunnel syndrome, ulnar neuropathy, cervical radiculopathy or other peripheral neuropathy. However, it has been over 17 months and symptoms have continued to persist. Given the patient's ongoing upper extremity symptoms, guidelines would indicate a repeat test. Therefore, the request IS medically necessary.