

Case Number:	CM15-0104596		
Date Assigned:	06/08/2015	Date of Injury:	02/16/2012
Decision Date:	07/14/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/01/2015

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 & Rehabilitation

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 injured worker is a 61 year old male, who sustained an industrial injury on February 16, 2012, incurring back and neck injuries. He was diagnosed with a cervical spine sprain, cervical radiculopathy, left shoulder sprain, left wrist tenosynovitis, thoracic spine sprain, lumbar spine sprain, and lumbar radiculopathy. Treatment included chiropractic sessions, physiotherapy, pain medications, muscle relaxants topical analgesic creams and work restrictions. Currently, the injured worker complained of burning radicular neck pain, shoulder, and back pain aggravated by range of motion and associated with numbness and tingling of the bilateral upper extremities. The treatment plan that was requested for authorization included Electromyography studies and Nerve Conduction Velocity studies for the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) / Nerve conduction velocity (NCV) bilateral upper extremities:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chronic Pain, 3rd Edition, 2010, Electromyography; Official Disability Guidelines

(ODG) Treatment Integrated Treatment/Disability Duration Guidelines, Chronic Pain (updated 4/30/15) electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: Clinical exam showed no neurological deficits defined nor conclusive imaging identifying possible neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any radiculopathy or entrapment syndrome only with continued chronic pain with tenderness without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The Electromyography (EMG) / Nerve conduction velocity (NCV) bilateral upper extremities is not medically necessary and appropriate.