

Case Number:	CM15-0010914		
Date Assigned:	01/29/2015	Date of Injury:	07/21/2008
Decision Date:	03/18/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old female with an industrial injury dated 07/21/2008. The mechanism of injury is documented as occurring when she was trying to hold back a tool at work to prevent it from hitting a co-worker. She states her right arm was pulled back and over her head and then she fell from the chair. She states she noted pain in the low back neck and shoulder. Prior treatments include injections to her shoulder, right carpal tunnel release, status post Chiari decompression; status post spinal fusion, epidural injections, cervical spine surgery, cervical one laminectomy and suboccipital decompression and craniotomy. Diagnoses include Cervicalgia, pain in limb, cervical disc degeneration, cervical disc disorder with myelopathy and sprains and strains of lumbar region. On 12/29/2014 the request for EMG/NCS of bilateral upper extremities was non-certified. ACOEM was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-Chapter on cervical & thoracic spine disorder

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

Decision rationale: The injured worker sustained a work related injury on 07/21/2008. The medical records provided indicate the diagnosis of Cervicalgia, pain in limb, cervical disc degeneration, cervical disc disorder with myelopathy and sprains and strains of lumbar region, lumbar radiculopathy. Treatments have included injections to her shoulder, right carpal tunnel release, status post Chiari decompression; status post spinal fusion, epidural injections, cervical spine surgery, cervical one laminectomy and suboccipital decompression and craniotomy. The medical records provided for review do not indicate a medical necessity for EMG/NCS bilateral upper extremity. The records indicate the injured worker had a past EMG/NCV that showed presence of Cervical radiculopathy. As at the last visit, the injured worker has limited range of motion of the cervical spine, positive spurling's sign, but normal muscle strength and sensations. Although the MTUS recommends due these studies when there is suspicion radicuopathy but with negative findings, the diagnosis is already known, therefore, no additional test is necessary, particularly in this individual with normal neurological findings.

EMG/NCS bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The injured worker sustained a work related injury on 07/21/2008. The medical records provided indicate the diagnosis of Cervicalgia, pain in limb, cervical disc degeneration, cervical disc disorder with myelopathy and sprains and strains of lumbar region, lumbar radiculopathy. Treatments have included injections to her shoulder, right carpal tunnel release, status post Chiari decompression; status post spinal fusion, epidural injections, cervical spine surgery, cervical one laminectomy and suboccipital decompression and craniotomy. The medical records provided for review do not indicate a medical necessity for EMG/NCS bilateral lower extremity. The records indicate the injured worker has pain that radiates to the lower limbs, positive straight test. These features confirm presence of radiculopathy. The MTUS recommends against Electrodiagnostic studies when the diagnosis of radiculopathy is clinically obvious.