

Case Number:	CM15-0013243		
Date Assigned:	01/30/2015	Date of Injury:	04/09/2014
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/22/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 57 year old male with an industrial injury dated 04/09/2014. His diagnoses include left shoulder strain/sprain, cervical spine strain/sprain, and thoracic strain/sprain. Recent diagnostic testing has included x-ray of the cervical spine (11/11/2014) showing instability at multiple levels, decreased range of motion with extension, and discogenic disease with decreased height; cervical MRI (11/11/2014) showing posterior disc bulge at C3-C4, canal stenosis and bilateral foraminal narrowing at multiple levels; x-ray of the thoracic spine (11/11/2014) showing spondylosis with lateral osteophytes; and x-ray of the left shoulder (11/11/2014) showing no abnormalities. He has been treated with acupuncture and chiropractic treatments, and psychological therapy. In a progress note dated 12/04/2014, the treating physician reports left shoulder pain (6/10), cervical spine pain (5/10), and thoracic spine pain (5/10) despite treatment. The objective examination revealed decreased range of motion in the cervical and thoracic spines, tenderness to palpation of the cervical and thoracic spine with noted spasms, and tenderness to palpation of the left shoulder with decreased range of motion. The treating physician is requesting EMG/NCV of the bilateral upper extremities which was denied by the utilization review. On 12/24/2014, Utilization Review non-certified a request for EMG/NCV of the bilateral upper extremities, noting the lack of evidences indicating progressive weakness, atrophy, or neurologic dysfunction. The ACOEM Guidelines were cited. On 01/22/2015, the injured worker submitted an application for IMR for review of 1 EMG/NCV of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

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

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the patient is not experiencing symptoms of radicular pain and there are no focal motor or sensory deficits. In addition documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request should not be authorized.