

Case Number:	CM15-0018057		
Date Assigned:	02/05/2015	Date of Injury:	11/23/2013
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	01/29/2015

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, Pain Management

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 28 year old female, who sustained an industrial injury on 11/23/2013. The diagnoses have included cervicgia, lumbago, head injury, and left shoulder internal derangement. Noted treatments to date have included a home exercise program and medications. No MRI report noted in received medical records. In a progress note dated 12/01/2014, the injured worker presented with complaints of increased pain in the neck with pain radiating to lateral arms extending to the shoulders, now worse on the right and mid and lower back pain. The treating physician reported recommending and EMG/NCV (electromyography/nerve conduction velocity) study of the bilateral upper and lower extremities to rule out radiculopathy. The provider also noted that he was awaiting receipt of the films from prior MRI testing. Utilization Review determination on 01/28/2015 non-certified the request for EMG (electromyography) of the bilateral upper extremities and NCV (nerve conduction velocity) of the bilateral upper extremities citing American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for EMG of bilateral upper extremities, CA MTUS and ACOEM state that the electromyography and nerve conduction velocities 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. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there are no current physical examination findings identifying subtle focal neurologic deficits in a nerve and/or nerve root distribution. Furthermore, the provider noted that he was awaiting receipt of the results of prior MRI testing, and if the testing was of the cervical spine, the results could obviate the need for electrodiagnostic testing. In the absence of clarity regarding the above issues, the currently requested EMG of bilateral upper extremities is not medically necessary.

NCV of the bilateral upper extremities QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for NCV of bilateral upper extremities, CA MTUS and ACOEM state that the electromyography and nerve conduction velocities 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. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there are no current physical examination findings identifying subtle focal neurologic deficits in a nerve and/or nerve root distribution. Furthermore, the provider noted that he was awaiting receipt of the results of prior MRI testing, and if the testing was of the cervical spine, the results could obviate the need for electrodiagnostic testing. In the absence of clarity regarding the above issues, the currently requested NCV of bilateral upper extremities is not medically necessary.