

Case Number:	CM15-0111110		
Date Assigned:	06/17/2015	Date of Injury:	04/11/2014
Decision Date:	07/17/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 47 year old female who sustained an industrial injury on 04/11/2014. Current diagnoses include headaches, cervical spine sprain/strain with right shoulder weakness, right shoulder sprain/strain, right elbow ulnar canal syndrome, and right wrist sprain/strain. Previous treatments included medication management, acupuncture, extracorporeal shockwave treatment, functional capacity evaluation, and chiropractic. Previous diagnostic studies include urine toxicology screening. Report dated 04/23/2015 noted that the injured worker presented with complaints that included cervical spine pain with radiation to the right lower extremity, right shoulder pain, and right wrist pain with numbness, tingling, and weakness. Pain level was 8 (cervical spine), 8 (right shoulder), and 7 (right wrist) out of 10 on a visual analog scale (VAS). Physical examination was documented as no change from physical examination on 03/19/2015. The treatment plan included requests for EMG/NCV study, psychiatric-psychology consult/treatment, internal medicine consultation, physical therapy, acupuncture, and medications which include Prilosec and ibuprofen, and recommendation for a right shoulder injection. Disputed treatments include EMG (electromyography)/ NCV (nerve conduction velocity) for the bilateral upper extremities for cervical spine

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG (electromyography)/ NCV (nerve conduction velocity) - Bilateral Upper Extremities for Cervical Spine: Upheld

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

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

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV 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 injured worker had a previous EMG/NCV of the bilateral upper extremities on 1/13/15 that revealed a normal EMG with no findings of cervical radiculopathy. The test did reveal bilateral moderate carpal tunnel syndrome. There is no documentation that supports a repeat EMG/NCV, therefore, the request for 1 EMG (electromyography)/ NCV (nerve conduction velocity) - Bilateral Upper Extremities for Cervical Spine is determined to not be medically necessary.