

Case Number:	CM15-0113132		
Date Assigned:	06/19/2015	Date of Injury:	05/28/2001
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/11/2015

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, Florida, 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 59 year old female, who sustained an industrial injury on 05/28/2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical disc displacement, lumbar disc displacement, symptoms of anxiety and depression, carpal tunnel syndrome, and cervical disc degeneration. Treatment and diagnostic studies to date has included medication regimen. In a progress note dated 03/23/2015 the treating physician reports complaints of pain to the lumbar spine, shoulder, and upper extremities with loss of feeling to the hands and wrists bilaterally. Examination reveals decreased range of motion of the cervical spine, positive foraminal compression test, positive Spurling's test, and tightness and spasm to the trapezius, sternocleidomastoid, and straps muscles bilaterally. The treating physician requested an electromyogram with nerve conduction velocity of the bilateral upper extremities with the treating physician citing The Medical Disability Advisor: Workplace Guidelines for Disability Duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 10 and 12, especially page 303.

Decision rationale: This claimant was injured 14 years ago. There is cervical and lumbar disc displacement. There is continued pain with subjective loss of feeling to the hands and wrists. There is positive foraminal compression test, positive Spurling test, and tightness. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary.