

Case Number:	CM15-0113186		
Date Assigned:	06/19/2015	Date of Injury:	08/21/2012
Decision Date:	07/22/2015	UR Denial Date:	06/10/2015
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: California
 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:

This 48 year old female sustained an industrial injury to the neck and back on 8/21/12. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, chiropractic therapy and medications. Documentation did not disclose the results of diagnostic testing. In a PR-2 dated 5/19/15, the injured worker complained of neck pain that radiated down to the mid back and right arm and low back pain with radiation down both legs, rated 10/10 on the visual analog scale without medications and 8-9/10 with medications. Physical exam was remarkable for cervical spine with severe palpable bilateral spasms to the cervical spine paraspinal musculature, positive twitch response, positive Spurling's sign on the right, positive axial compression maneuver and pain upon range of motion. Current diagnoses included lumbar spine sprain/strain, cervical disc displacement and cervical spine radiculopathy. The treatment plan included starting Norco, discontinuing diclofenac, decreasing Neurontin and an updated magnetic resonance imaging cervical spine and electromyography/nerve conduction velocity test bilateral upper extremities. A QME report dated 12/16/15 and multiple progress notes reported that an EMG/NCV of upper extremities were done sometime in November 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral EMG/NCV of the Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182 and 272.

Decision rationale: EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there is signs of median or ulnar nerve entrapment. There is no change in physical exam. Patient already has no diagnosis of carpal tunnel syndrome. There is no rationale provided for requested test. NCV is not medically necessary As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. Patient had reported EMG/NCV done in 11/14 and the provider has reportedly not been able to get a hold of the report. There is no documentation of what has been attempted to get a hold of those records. Requesting another invasive and costly test when not able to get a hold of prior testing results is not medically necessary.