

Case Number:	CM15-0129073		
Date Assigned:	07/21/2015	Date of Injury:	12/28/2013
Decision Date:	08/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	07/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 36 year old female, who sustained an industrial injury on December 28, 2013. She reported injury to the right arm and shoulder with neck pain. The injured worker was diagnosed as having musculoligamentous strain of the cervical spine, cervical spondylosis, discogenic disease in the cervical spine, right carpal tunnel syndrome, sprain/strain of the right shoulder and insomnia due to pain. Treatment to date has included surgery, diagnostic studies, physical therapy, acupuncture and medication. On May 7, 2015, the injured worker complained of pain in the cervical spine which increases with repetitive flexion and extension. She also reported pain in the right shoulder that has been getting worse progressively. Physical examination revealed a positive Tinel's sign for carpal tunnel syndrome and a positive Phalen's test. The treatment plan included an EMG/NCV study for upper extremities, acupuncture, medication and a follow-up visit. On May 26, 2015, Utilization Review non-certified the request for electromyogram/nerve conduction studies of the bilateral upper extremities, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Electromyogram/Nerve Conduction Studies of the bilateral upper extremities:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Neck and Upper Back (Acute & Chronic) Electromyography (EMG); Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 265.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the claimant had prior electrodiagnostic studies and recent examination which were consistent with carpal tunnel syndrome. There is no indication for another study and would not change the plan of care or intervention. The EMG/NCV is not medically necessary.