

Case Number:	CM15-0024463		
Date Assigned:	02/17/2015	Date of Injury:	05/04/2001
Decision Date:	04/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/09/2015

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: Connecticut, California, Virginia

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 57 year old female, who sustained an industrial injury on 05/04/2001. She has reported subsequent back, upper extremity and lower extremity pain and was diagnosed with chronic pain and myalgia/myositis. Treatment to date has included oral pain medication. In a progress note dated 12/19/2014, the physician noted that when the injured worker had struck her left anterior chest wall, she was thought to have injured her brachial plexus at that level and that the constellation of symptoms going into her arm were consistent with that finding. The physician noted that the clinical scenario with hypersensitivity in the arm was consistent with nerve injury. There were no objective or subjective physical examination findings documented. Requests for authorization of nerve conduction studies of the left upper extremity and electromyography of the left upper extremity was made. On 01/15/2015, Utilization Review non-certified a request for nerve conduction studies of the left upper extremity and electromyography of the left upper extremity, noting that the documentation didn't show evidence of conservative treatment. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Left Upper Extremity and EMG Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-178.

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities 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 there is no evidence of neurologic physical exam abnormalities provided in the documents, and therefore there is incomplete information to indicate neurologic dysfunction that is evidential of need for electrodiagnostics. Therefore, per the guidelines, the request for EMG/NCV is not considered medically necessary.