

<b>Case Number:</b>	CM15-0068685		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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(n) 37 year old female, who sustained an industrial injury on 3/28/14. She reported pain in her right side and head related to an explosion accident. The injured worker was diagnosed as having post-traumatic stress disorder, cervical radiculopathy, cervical herniated disc and right wrist sprain. Treatment to date has included physical therapy x 8 sessions, EMG/NCV study on 12/11/14 and pain medications. As of the PR2 dated 3/9/15, the injured worker reports pain in her neck, right trapezius and right hand and right side of her head. She reported the physical therapy had some benefit for her neck pain, but not the wrist. The treating physician noted pain with wrist range of motion and mild edema. The treating physician requested an EMG/NCS of the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This claimant was injured now 16 years ago, and has multiple areas of pain, e.g. the low back, neck and right shoulder. No objective, or even equivocal neurologic signs are noted in the available records. 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 again was not a neurologic exam showing even equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary and was appropriately non-certified.