

Case Number:	CM15-0070605		
Date Assigned:	04/20/2015	Date of Injury:	04/04/2014
Decision Date:	05/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/14/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 58 year old male, who sustained an industrial injury on 04/04/2014. He reported pain in neck and back. On provider visit dated 03/11/2015 the injured worker has reported neck pain associated with headaches. On examination of the cervical spine revealed decreased range of motion and bilateral paraspinal and trapezius muscle palpable tenderness was noted. The diagnoses have included herniated nucleus pulposus of the cervical spine with radiculopathy and herniated nucleus pulposus of the lumbar spine. Treatment to date has included medication, MRI, x-rays, laboratory studies and functional capacity evaluation and chiropractic therapy. The provider requested electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the right upper extremity as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the right upper extremity as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: This 58 year old male has complained of neck pain since date of injury 4/4/14. He has been treated with chiropractic therapy, physical therapy and medications. The current request is for Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the right upper extremity as an outpatient. The available medical records do not contain objective examination findings that raise concern for possible nerve impingement that would warrant further testing with an EMG/NCV. On the basis of the available medical documentation and per the ACOEM guidelines cited above, EMG/NCV of the right upper extremity is not medically necessary.