

Case Number:	CM15-0072070		
Date Assigned:	04/22/2015	Date of Injury:	10/14/2013
Decision Date:	05/20/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/15/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old female with an industrial injury dated October 14, 2013. The injured worker diagnoses include neck pain and low back pain. She has been treated with prescribed medications, home exercise therapy and periodic follow up visits. According to the progress note dated 4/07/2015, the injured worker reported neck pain, low back pain, paresthesias and leg pain. Objective findings revealed lumbosacral paraspinal muscle spasms with tender areas over the lower lumbosacral facet joint and tenderness over the cervical facet joints, worse than the right side trapezius and supraspinatus muscle. The treating physician prescribed services for nerve conduction studies of the left upper extremity to rule out possibility of peripheral nerve compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS of the left upper extremity: 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 Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for NCS of left upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there are no recent physical subjective complaints or examination findings suggesting subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested NCS of left upper extremity is not medically necessary.