

Case Number:	CM15-0077610		
Date Assigned:	04/29/2015	Date of Injury:	12/08/2014
Decision Date:	06/11/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/23/2015

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 (IW) is a 44-year-old female who sustained an industrial injury on 12/08/2014. She reported pain in the neck, back and right shoulder. The injured worker was diagnosed as having cervical myospasm, cervical radiculopathy, cervical sprain/strain, lumbar myospasm, lumbar sprain/strain, rule out lumbar disc protrusion, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain strain. Treatment to date has included diagnostic imaging of the cervical and lumbar spine and right shoulder. Currently the injured worker complains of pain in the neck and back. There is a positive compression test and a slight decrease in shoulder range of motion. There also is a positive impingement test and pain over the acromioclavicular joint with a decrease in lumbar spine range of motion and associated muscle spasm and tenderness to palpation. Requested is one electromyography (EMG) nerve conduction velocity (NCV) 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:

Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the Right 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): 265. Decision based on Non-MTUS Citation ODG- neck pain and pg 38.

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, there is no mention of neurological abnormalities in the right upper extremity. The range of motion is decreased due to pain. The physician requested an MRI as well. The request for EMG is not justified when the MRI can identify disk herniation. An NSV is not indicated without EMG results. The request for an EMG/NCV is not medically necessary.