

Case Number:	CM15-0079565		
Date Assigned:	04/30/2015	Date of Injury:	08/10/2012
Decision Date:	05/29/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/25/2015

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: Emergency 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 54 year old female, who sustained an industrial injury on August 10, 2012. The injured worker was diagnosed as having cervical degenerative disc disease, cervical spondylosis without myelopathy, cervical herniated disc, and cervical stenosis. Treatment to date has included cervical epidural injections, and medication. Currently, the injured worker complains of neck pain with radiation into the right shoulder with numbness and tingling. The Treating Physician's report dated March 10, 2015, noted the injured worker reported she did not want to take oral pain medications due to the potential drug interaction with her psychotropic drugs, therefore she was given topical compound medications, muscle relaxants, and Tramadol for medical management. Physical examination was noted to show moderate tenderness to the right lateral neck and trapezius with guarding and pain noted during strength testing. The treatment plan was noted to include arrangement for electro-diagnostic testing of the upper extremities for numbness and paresthesias or the right greater than left arms.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The requested EMG/NCS of the bilateral upper extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 177-179, Special Studies and Diagnostic and Treatment Considerations, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has neck pain with radiation into the right shoulder with numbness and tingling. The treating physician has documented moderate tenderness to the right lateral neck and trapezius with guarding and pain noted during strength testing has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The criteria noted above not having been met, EMG/NCS of the bilateral upper extremities is not medically necessary.