

Case Number:	CM15-0093129		
Date Assigned:	05/19/2015	Date of Injury:	08/21/2014
Decision Date:	06/23/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/14/2015

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: 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 30 year old female, who sustained an industrial injury on 08/21/2014. She has reported injury to the neck, left shoulder, left arm, left elbow, and left wrist. The diagnoses have included cervicobrachial syndrome; and elbow pain. Treatment to date has included medications, diagnostics, steroid injection, chiropractic therapy, and physical therapy. Medications have included Tylenol, Ibuprofen, and Skelaxin. A progress note from the treating physician, dated 03/31/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the head, neck, bilateral shoulders, bilateral arms, bilateral elbows, and bilateral wrists; neck pain radiates down to her left upper extremity; pain is associated with numbness and tingling in the left arm, as well as weakness in the left arm and left hand; pain is rated 6-7/10 on the visual analog scale; pain is aggravated by walking, prolonged standing, prolonged sitting, reaching, and doing overhead activities; and pain is relieved with resting, lying down, and applying heat over the affected area. Objective findings have included tenderness on palpation of the cervical paravertebral muscles, with tight muscle band and trigger point noted on both sides; cervical facet loading is positive on both sides; trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on right and left trapezius muscle, right and left; tenderness to palpation is noted over the left lateral epicondyle and medial epicondyle; and light touch sensation is decreased over the right finger and little finger on both sides. The treatment plan has included the request for EMG (electromyography)/ NCS (nerve conduction study) left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS 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 rationale: Regarding the request for EMG of left upper extremity, ACOEM 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, a progress note on 5/1/2015 indicated the patient has negative Spurling's maneuver, normal upper extremity reflexes, and negative radicular symptoms. In the absence of such documentation, the currently requested an EMG of left upper extremity is not medically necessary.