

Case Number:	CM17-0009887		
Date Assigned:	01/19/2017	Date of Injury:	11/14/2016
Decision Date:	02/10/2017	UR Denial Date:	12/07/2016
Priority:	Standard	Application Received:	01/13/2017

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:

According to medical records available for review, the injured worker is a(n) 46 year old female, who sustained an industrial injury on 11-14-2016. The injured worker is currently able to return to work with restrictions. Medical records indicated that the injured worker is undergoing treatment for neck pain. Treatment and diagnostics to date have included radiographic imaging and medications. Recently prescribed medications have included Ibuprofen and Norco. Subjective data (11-29-2016) included left sided neck pain with numbness to the left arm. Objective findings (11-29-2016) included pain to the left trapezius muscle down into the left hand. The request for authorization dated 12-01-2016 requested an MRI of the cervical spine and NCS-EMG (nerve conduction velocity studies-electromyography) of the left upper extremity. The Utilization Review report, with a decision date of 12-07-2016, non-certified the request for NCS of the left upper extremity and EMG of the left upper extremity.

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 Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

Decision rationale: EMG and NCS are separate studies and should not necessarily be done together. NCS is recommended in patients with clinical signs of CTS who may be candidates for surgery, but EMG is not generally necessary. NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case, the claimant does not have peripheral neurological exam findings suggesting nerve entrapment. MRI does not indicate nerve compression. Muscle strength and sensation are unremarkable. The request for the left arm NCV is not medically necessary.

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS). Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic), Electrodiagnostic Studies (EDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

Decision rationale: EMG and NCS are separate studies and should not necessarily be done together. NCS is recommended in patients with clinical signs of CTS who may be candidates for surgery, but EMG is not generally necessary. NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case, the claimant does not have peripheral neurological exam findings suggesting nerve entrapment. MRI does not indicate nerve compression. Muscle strength and sensation are unremarkable. The request for the left arm EMG is not medically necessary