

Case Number:	CM14-0141671		
Date Assigned:	09/05/2014	Date of Injury:	09/23/2009
Decision Date:	11/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

49 yr. old female claimant sustained a work injury on 9/23/09 involving the neck. She was diagnosed with cervical radiculopathy. A progress note on 7/14/14 indicated the claimant had 10/10 neck pain with burning, pain, numbness and weakness in the left arm. Exam findings were notable for painful range of motion of the cervical spine and decreased sensation of C5-C6. The physician requested an MRI of the cervical spine and an EMG/NCV of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV OF BILATERAL UPPER EXTREMITIES: 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): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck pain

Decision rationale: According to the guidelines, 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, the claimant had a known history of cervical radiculopathy. She did not require an EMG as noted below. There were no compression findings of the cervical exam noted that reproduced neurological findings. In addition, the claimant had left sided symptoms, a bilateral upper extremity NCV request is not medically necessary.

EMG OF BILATERAL UPPER EXTREMITIES: 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): 182.

Decision rationale: According to the MTUS guidelines, an EMG is not recommended for diagnoses of nerve root problem when history and exam findings are consistent. In this case, the claimant had a known history of shoulder injury. There were no compression findings of the cervical exam noted that reproduced neurological findings. In addition, the claimant had left sided symptoms, a bilateral upper extremity EMG request is not medically necessary.