

Case Number:	CM13-0009763		
Date Assigned:	06/06/2014	Date of Injury:	04/22/2012
Decision Date:	07/11/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The injured employee is a 57-year-old female who states that she sustained a work related injury on April 22, 2012. The mechanism of injury is not specified. The injured employee was seen most recently on May 6, 2014 for orthopedic follow up. The notes on this date state that the injured employee complained of 6/10 right knee pain, low back pain of 6/10 and 5/10 right foot and ankle pain. It was stated that the injured employee was able to improve her activity level and function with medications. The injured employee was also participating in a home exercise program. Current medications were stated to include tramadol ER, anti-inflammatory medications and Orphenadrine. No significant relief was reported with physical therapy, activity modification, use of a TENS unit, home exercise, cold, heat and stretching. The physical examination on this date noted tenderness of the lumbar spine, normal lumbar range of motion. There was a positive straight leg raise bilaterally and difficulty rising from a seated position. There was a diagnosis of an L3-L4 and L5 disc protrusion with a right greater than left leg radiculopathy and right foot pain rule out osteochondral injury. A urine drug screen was performed. A utilization review, dated April 3, 2014, medically necessitated the request for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The attached medical record for the injured employee does not mention any complaints or diagnoses concerning the cervical spine or upper extremities. It is unclear why EMG and NCV testing is requested for this individual. Without specific justification to proceed with this testing, this request for EMG and NCV testing of the Bilateral Upper Extremities is not medically necessary.

NERVE CONDUCTION VELOCITIES (NCV) OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The attached medical record for the injured employee does not mention any complaints or diagnoses concerning the cervical spine or upper extremities. It is unclear why EMG and NCV testing is requested for this individual. Without specific justification to proceed with this testing, based on American College of Occupational and Environmental Medicine (ACOEM) guidelines, this request for EMG and NCV testing of the Bilateral Upper Extremities is not medically necessary.