

Case Number:	CM13-0013903		
Date Assigned:	10/11/2013	Date of Injury:	11/29/2006
Decision Date:	01/10/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuro-oncology and is licensed to practice in New York. 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 physician 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:

44 yo with date of injury on 11/29/2006 with chronic lower back pain, s/p dissection and fusion of L5-S1 on 5/2/2008, followed by hardware removal on 3/2010. Now with complaints of bilateral hand numbness radiating to the forearm, with positive Tinels sign. EMG/NCS of bilateral upper extremities is being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)..

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 261.

Decision rationale: The Physician Reviewer's decision rationale: According to the ACOEM criteria , NCS/EMG help to diagnose carpal tunnel syndrome (CTS), as well as to determine its severity. The degree of the severity of the CTS then helps one to make a decision about the treatment (conservative vs surgery). Therefore, the test is medically necessary and it is a standard of care.