

Case Number:	CM13-0025037		
Date Assigned:	11/20/2013	Date of Injury:	10/22/2011
Decision Date:	04/17/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/16/2013

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, has a subspecialty in Pediatric Rehabilitation, and is licensed to practice in Texas. 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 patient is a 37-year-old female who reported an injury on 10/22/2011. The mechanism of injury was a motor vehicle accident. The patient had an EMG/NCV study on 10/04/2011 of the bilateral upper and lower extremities, which revealed no evidence of carpal tunnel syndrome, ulnar, radial and peripheral neuropathy or significant cervical or lumbar radiculopathy. The patient had a QME on 02/12/2013 which indicated that she should be eligible for possible additional diagnostic studies. On that date, the patient's complaints on that date were noted to be pain in the neck and mid-back. The patient indicated that she got numbness and tingling in her hands and feet with weakness in her arms and hands. Physical examination of the lumbar spine indicated that the patient had tenderness to palpation, decreased range of motion and 5/5 strength in the lower extremities. The sensory examination was within normal limits. The patient's reflexes were 1/4 bilaterally at the knee and ankle. The documentation of 07/23/2013 revealed that the patient had intermittent paresthesias to the right arm and legs and buttocks lasting for 5 minutes at a time and recurring several times a day. The patient complained of intermittent paresthesias in the feet with basal motor instability. The objective examination revealed that forward flexion movement was satisfactory. On extension, the patient indicated that she had radiculopathy into the left upper extremity with pins and needles extending down to the hand from the neck. The request was made for an EMG/nerve conduction study of the upper and lower extremities as requested by the qualified medical examiner.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY FOR THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The clinical documentation submitted for review failed to indicate that the patient had specific myotomal and dermatomal findings to support the necessity for a repeat electrodiagnostic study. Given the above, the request for electromyography for the lower extremities is not medically necessary.

NERVE CONDUCTION STUDIES FOR THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS CITATION: OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, NCS

Decision rationale: Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review failed to provide the documented rationale for a nerve conduction study in addition to an EMG. There was a lack of documentation of neuropathy-type complaints to support the necessity for a nerve conduction study. Given the above, the request for nerve conduction studies for the lower extremities is not medically necessary.