

Case Number:	CM13-0037224		
Date Assigned:	12/13/2013	Date of Injury:	02/08/2012
Decision Date:	02/28/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine and Rehabilitation 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 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:

██████████, 38-year-old, sustained a neck and low back injuries from being jostled in his seat while loading a trailer using a forklift on 2/8/12. He has been diagnosed with Cervical and Lumbar disc bulging. Cervical MRI, 6/8/12, showed posterior disc bulges at C4-5, C5-6 and C6-7, mild to moderate and anterior indentation of the dura at C4-5, mild left neural foraminal narrowing at C5-6, and mild central canal narrowing at C6-7, EMG/NCS of the upper extremities, 7/10/12, by ██████████, revealed bilateral moderate carpal tunnel syndrome (worse on the right, with prolonged median motor and sensory latencies across the wrist) and probable mild C7 (and possibly C and /or C6) radiculopathy. His previous treating Physician ██████████ treated him conservatively. Per present UR determination record of 09-03-2013, ██████████ neck and back pain were noted to have nearly resolved on 10/8/12, he denied upper and lower extremity symptoms and Cervical examination was normal. ██████████ discharged ██████████ from medical care. However, on 8/20/13, he presented to his current treating physician, ██████████, with neck and low back pain, and nonspecific tenderness on examination. ██████████ was requesting an EMG of the bilateral upper extremities; however, there was no mention of recurrent neuropathic symptoms that would warrant an EMG. Most recent neurologic examination and provocative testing of the cervical spine and upper extremities had not been provided. Therefore, on 09-03-2013, UR determined that the EMG is not substantiated and not medically necessary. UR had reviewed both ██████████ and ██████████ reports. However, ██████████ had an electro-diagnostic testing on 10-10-2013, by ██████████, the result indicated a bilateral carpal tunnel syndrome. This present reviewer is to determine the medical necessity of bilateral upper extremity of 10-10-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for one Electromyography of the bilateral upper extremities between 8/28/2013 and 10/12/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability guidelines-Treatment in Worker's Compensation, online edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The record submitted for review, mainly relates to the utilization review for procedures requested by [REDACTED]. Clinical note from present treating physician reviewed, were electro-diagnostic testing of 10-10-2013, by [REDACTED] and a minimal progress note of [REDACTED] of 9/24/2013, which indicate bilateral hand numbness, but did not contain a neurologic examination, also, there is no medical explanation from current treating physician on why a new electrodiagnostic testing is medically necessary. Based on the submitted medical record review, I am not able to substantiate the electrodiagnostic study, 10-10-2013, is medically necessary. The reports of [REDACTED] and [REDACTED] need to be reviewed. I need to know how [REDACTED] condition was, [REDACTED] established permanent and stationary and I need the report of [REDACTED] on why he needed the electrodiagnostic study. Based on the present medical record review, I am not able to substantiate that the electrodiagnostic study is medically necessary.