

Case Number:	CM13-0038502		
Date Assigned:	06/09/2014	Date of Injury:	04/06/2013
Decision Date:	09/05/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/25/2013

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 Pain Management 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:

This is a patient with a date of injury of April 6, 2013. A utilization review determination dated October 4, 2013 recommends noncertification of pain fiber nerve conduction studies (PF-NCS) of the bilateral upper and lower extremities. An electrodiagnostic report dated August 26, 2013 seems to measure sensory conduction studies in both upper extremities identifying irritation in the left median, left ulnar, right median, and right ulnar nerves. A progress report dated June 5, 2013 identifies subjective complaints of neck pain with right arm radiculopathy, and low back pain with right leg radiculopathy. Physical examination findings reveal some tenderness in the paracervical region and thoracolumbar region. No sensory or motor examination is provided for review. Diagnoses include cervical strain and lumbar strain. The treatment plan recommends an MRI of the cervical and lumbar spine. A progress report dated September 21, 2013 recommends a nerve conduction study of the upper extremities. A progress report dated April 6, 2013 identifies subjective complaints including neck pain radiating into both upper extremities and low back pain radiating into both lower extremities. Physical examination findings reveal spasm over the paracervical muscles and tenderness to palpation over the paraspinal muscles. No sensory or motor examination was provided for review. The diagnoses include cervical strain rule out radiculopathy and lumbar strain rule out radiculopathy. The treatment plan recommends topical medications, physical therapy, and PF-NCS testing and an electromyography (EMG)-nerve conduction velocity (NCV) study of the bilateral upper and lower extremities to rule out radiculopathy versus peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PF-NCS BILATERAL UPPER AND BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178, 182, 303. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies, Low Back Chapter.

Decision rationale: Guidelines state that the electromyography and nerve conduction velocities including H-Reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. The progress report including the request for these electrodiagnostic studies did not include any neurologic examination or peer reviewed scientific literature supporting the use of PF-NCS. In the absence of such documentation, the request is not medically necessary.