

Case Number:	CM13-0048755		
Date Assigned:	12/27/2013	Date of Injury:	03/27/2009
Decision Date:	04/21/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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 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:

According to the records made available for review, this is a 39-year-old female with a 3/27/09 date of injury. At the time (10/8/13) of request for authorization for EMG/NCS, there is documentation of subjective (ongoing right neck, mid, low back pain, bilateral upper and lower extremity pain, numbness and tingling to her hands and her feet) and objective (decreased range of motion in the cervical spine, decreased sensation in the right C5 and C8 dermatomes, decreased sensation to the right L4, and L5, and S1 dermatomes) findings, current diagnoses (HNP L4-5, multiple bulges cervical spine, cervical radiculopathy, multilevel cervical degenerative disc disease, cervical canal stenosis at C4-5 and C5-6, multilevel disc degenerative disc disease with facet arthropathy, and lumbar retrolisthesis), and treatment to date (activity modification, medications, chiropractic treatment, and epidural steroid injections). 10/9/13 medical report identifies that electrodiagnostic report indicates abnormal study with evidence of demyelinating right median neuropathy at wrist consistent with mild to moderate carpal tunnel syndrome and no electrodiagnostic evidence of focal nerve entrapment in the lower limbs, cervical radiculopathy, lumbar radiculopathy, or generalized peripheral neuropathy affecting the upper or lower limbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177, 238, 303. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK & UPPER BACK CHAPTER AND LOW BACK CHAPTER, ELECTROMYOGRAPHY

Decision rationale: Regarding the upper extremities, MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Regarding the lower extremities, MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of HNP L4-5, multiple bulges cervical spine, cervical radiculopathy, multilevel cervical degenerative disc disease, cervical canal stenosis at C4-5 and C5-6, multilevel disc degenerative disc disease with facet arthropathy, and lumbar retrolisthesis. In addition, there is documentation of subjective/objective findings consistent with radiculopathy that has not responded to conservative treatment. Furthermore, there is documentation of focal neurologic dysfunction in a patient with low back symptoms lasting more than three to four weeks. Lastly, there is documentation of a previous electrodiagnostic study of the upper and lower extremities completed on 10/9/13 and a request for an EMG/NCS of bilateral upper and lower extremities. However, there is no documentation of an interval injury or progressive neurologic findings since the last electrodiagnostic study. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCS is not medically necessary.