Case Number:	CM13-0053149		
Date Assigned:	12/30/2013	**Date of Injury:**	03/06/2001
Decision Date:	03/24/2014	**UR Denial Date:**	10/29/2013
Priority:	Standard	**Application Received:**	11/18/2013

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 Emergency Medicine 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 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:

The patient is a 68-year-old male who reported an injury on 03/06/2001. The mechanism of injury was not provided. The physician's supplemental report dated 10/07/2013 revealed the patient had evidence of bilateral tardy ulnar nerve palsies and carpal tunnel syndromes and bilateral S1 radiculopathies. The patient was noted to have no change in straight leg raise tests or significant muscle spasms. The patient's CNS was noted to be intact. The diagnosis was noted to be chronic lumbodorsal strain with moderate degenerative disc space compromise at L4-5 with severe facet arthropathy at L4 and L5. Additionally, there was noted to be bilateral S1 radiculopathy with bilateral carpal tunnel syndrome and tardy ulnar nerve palsy. The request was made for an EMG and nerve conduction studies of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 electromyography (EMG) of the bilateral upper extremities: 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 Page(s): 177-179.

Decision rationale: The Physician Reviewer's decision rationale: ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), 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. The clinical documentation submitted for review failed to provide documentation of dermatomal and myotomal findings to support the necessity for an EMG. There was a lack of documentation indicating the necessity for an EMG and an NCV study, which is being concurrently reviewed. There was a lack of documentation indicating the necessity for bilateral studies. Given the above, the request for 1 electromyography (EMG) of the bilateral upper extremities between 10/24/12 and 12/08/13 is not medically necessary.

1 nerve conduction velocity (NVC) study of the bilateral upper extremities: 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 Page(s): 177-179.

Decision rationale: The Physician Reviewer's decision rationale: ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), 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. The clinical documentation submitted for review failed to provide documentation for the rationale for a nerve conduction study. Given the above, the request for 1 nerve conduction velocity (NVC) study of the bilateral upper extremities between 10/24/12 and 12/08/13 is not medically necessary.