MAXIMUS Federal Services

Case Number:	CM13-0063601		
Date Assigned:	12/30/2013	Date of Injury:	03/26/2013
Decision Date:	03/24/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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 & 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:

According to the records made available for review, this is a 49 year old male with a 3/26/13 date of injury. At the time of request for authorization for 1 EMG/NCV Bilateral upper and lower extremities, there is documentation of subjective (neck pain with motion and left knee pain) and objective (restricted range of motion in the neck) findings, current diagnoses (contusion of the knee, sprain/strain-cervical, and cervicalgia), and treatment to date (activity modification, physical therapy, and medications). There is no documentation of subjective/objective findings consistent with radiculopathy or nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177, 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter and Low Back Chapter, section on Electromyography.

Decision rationale: The ACOEM Guidelines identify documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment as criteria necessary to support the use of EMG/NCV. In addition, ACOEM Guidelines support the use of electromyography (EMG), including H-reflex tests, to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The Official Disability Guidelines state that electrodiagnostic studies are recommended (needle, not surface). EMG's may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Nerve conduction studies (NCS) are not recommended 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 contusion of the knee, sprain/strain-cervical, and cervicalgia. In addition, there is documentation of conservative treatment (activity modification, physical therapy, and medications). However, there is no documentation of subjective/objective findings consistent with radiculopathy or nerve entrapment. Therefore, based on guidelines and a review of the evidence, the request for 1 EMG/NCV Bilateral upper and lower extremities is not medically necessary and appropriate.