

<b>Case Number:</b>	CM14-0001963		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/12/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Emergency Medicine 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:

The patient has a reported date of injury on 5/12/2012. Mechanism of injury is described as a box falling on the patient's head. There are reports of prior injuries. Patient has a diagnosis of Cervical sprain/strain, neck/face and scalp contusion, post concussion syndrome and lumbar degenerative disease. Also has diagnosis of depression and sleep problems. Patient has a history of L5-S1 laminectomy and discectomy on 9/21/10. Medical records from primary treating physician and consultants reviewed. Last record available until 12/4/13. Several of the provided medical reports are hand written and hard to read due to poor legibility. Last report states that patient was in good spirits. The patient reports numbness from shoulder to upper extremities bilaterally. Some tingling in feet. Objective exam documented by primary treating physician in recent reports was very limited. There was noted to be normal strength and gait. Last completely documented exam is from 8/27/13 which revealed diffuse neck and back spasms. It is noted to be slightly decreased range of motion of neck. There is negative Lhermitte's and neuronforaminal signs bilaterally. Shoulder exams are normal. Elbow exam are normal. Wrist exams are normal with positive Tinel and Durkan's sign of right and left carpal tunnel. Diffuse numbness of face, right body, right arm and leg numbness. There is slight right hand numbness. The EMG and NCV request was done on 12/4/13 but no rationale or explanation of need was in report. MRI of lumbar spine(8/6/13) is not relevant to his review. Electromyography and Nerve Conduction Velocity (EMG and NCV) of upper extremities done on 2/27/13 and 8/26/13 showed moderate right carpal tunnel syndrome. EMG and NCV of lower extremity is not relevant to this review. The patient has reportedly undergone aquatic therapy and no other therapies are documented. A medication list was not provided. Patient is reportedly on a benzodiazepine, NSAID and Gabapentin.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the MTUS/ACOEM Guidelines, EMG is not recommended for prior testing, history and exam that is consistent with nerve root dysfunction. In this case, the patient has not had any documented changes in neurological exam or complaints. The medical note mentions that the patient has improved mood and has decrease complaints of pain. The patient has had 2 recent EMG/NCVs that are completely normal except for carpal tunnel. The provider has not documented any reasoning behind the need for 3rd NCV/EMG within a 1 year time period. Any additional electrophysiologic testing provides no additional information, does not change long term plan and is a duplication of testing that is a waste of resources. Therefore, the request for a EMG of the upper extremities ar not medically necessary and appropriate.

### **EMG RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the MTUS/ACOEM Guidelines, EMG is not recommended for prior testing, history and exam that is consistent with nerve root dysfunction. In this case, the patient has not had any documented changes in neurological exam or complaints. The medical note mentions that the patient has improved mood and has decrease complaints of pain. The patient has had 2 recent EMG/NCVs that are completely normal except for carpal tunnel. The provider has not documented any reasoning behind the need for 3rd NCV/EMG within a 1 year time period. Any additional electrophysiologic testing provides no additional information, does not change long term plan and is a duplication of testing that is a waste of resources. Therefore, the request for a EMG of the upper extremities ar not medically necessary and appropriate.

### **NCV RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** MTUS/ACOEM Guidelines, state that NCV is not recommended for repeat routine evaluation of patients for nerve entrapment. In this case the patient has a known HX of right carpal tunnel syndrome. The patient has not had any documented changes in neurological exam or complaints. The medical note mentions that the patient has improved mood and has decrease complaints of pain. The patient has had two recent EMG/NCVs that are completely normal except for carpal tunnel. The provider has not documented any reasoning behind the need for 3rd NCV/EMG within a 1 year time period. Any additional electrophysiologic testing provides no additional information, does not change long term plan and is a duplication of testing. Therefore, the request for NCV of the upper extremities are not medically necessary and appropriate.

**NCV LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** As per ACOEM Guidelines, NCV is not recommended for repeat "routine" evaluation of patients for nerve entrapment. Pt has a known hx of R carpal tunnel syndrome. Pt has not had any documented changes in neurological exam or complaints. In fact, note mentions that pt has improved mood and has decrease complaints of pain. Pt has had 2 recent EMG/NCVs that are completely normal except for carpal tunnel. The provider has not documented any reasoning behind the need for 3rd NCV/EMG within a 1 year time period. Any additional electrophysiologic testing provides no additional information, does not change long term plan and is a duplication of testing that is a waste of resources. NCV of L upper extremity is not medically appropriate and not medically necessary.