MAXIMUS Federal Services

Case Number:	CM14-0007039		
Date Assigned:	02/07/2014	Date of Injury:	10/27/2009
Decision Date:	07/21/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/18/2014

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 Neurology, has a subspecialty in Neurocrtitical Care 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 is a 45-year-old female with a 10/27/09 date of injury when she sustained injuries to multiple body parts from an MVA. Diagnosis included Concussion (post-concussive syndrome); occipital neuralgia; cerebral contusion; cervical radiculopathy; lumbar radiculopathy; lumbar pain; and insomnia. The patient has complaints of vertigo, dizziness, blurred vision, tinnitus in the ears, hearing loss, anosmia, occasional horizontal diplopia, as well as right-sided facial numbness and tingling and intolerance to light touch. The patient has lumbar spine pain that radiates to the gluteal region on both sides and down both legs. The patient has a burning sensation in both hands and white/bluish discoloration in both hands. There was decreased memory concentration, decreased sensation in the right 3 branches of the trigeminal nerves, as well as V2-V1 dyesthesia, right sided mouth asymmetry; decreased grip strength in right hand and reduced range of motion in the right foot; decreased sensation in both thighs and legs bilaterally and both arms; positive Romberg sign in both lower extremities; and positive Straight Leg Raising (SLR) bilaterally. Progress notes dated 6/20/13 described 4/5 bilateral upper extremity strength; intact Deep Tendon Reflexs (DTRs); and intact sensation. In the lower extremities there was intact DTRs, reduced sensation at L4 and L5, and 4/5 bilateral lower extremities strength. SLR was positive. Progress notes dated 8/9/13 documented that the patient has ongoing cervical spine and lumbar spine complaints. Addendum documented a review of MRI films and electrodiagnostic testing that revealed right S1 radiculopathy. Treatment to date has included PT, pain medication, cervical and lumbar epidural steroid injection (ESI), and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR EMG OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

Decision rationale: Medical necessity for the requested electromyography (EMG) of the upper extremities is not established. The patient was involved in an MVA and has complaints in multiple body parts, as well as other issues including hearing loss. Records indicate that the patient had prior electrodiagnostic studies, as well as imaging studies. The most recent imaging from 2012 was not provided, and neither were the EMG studies. In addition, there was no discussion of progression in symptomatology. Medical records indicate sensory and strength deficits, however it is unclear if current deficits have changed since prior studies or if there has been progression. There is no comprehensive description of the rendered treatment since prior studies were performed. Therefore this request is not medically necessary.

RETROSPECTIVE REQUEST FOR EMG OF THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower Back: Electromyography.

Decision rationale: Medical necessity for the requested EMG of the lower extremities is not established. The patient was involved in an MVA and has complaints in multiple body parts, including the lower extremities. Prior electrodiagnostic studies reportedly revealed S1 radiculopathy, however the official report was not provided and it is not entirely clear when these were performed. The most recent imaging from 2012 was not provided. In addition, there was no discussion of progression in symptomatology. California MTUS criteria for EMG of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy that has not responded to conservative treatment. Medical records indicate sensory and strength deficits, however it is unclear if current deficits have changed since prior studies or if there has been progression. There is no comprehensive description of the rendered treatment since prior studies were performed. Utility of repeat studies was not discussed. Therefore this request is not medically necessary.

RETROSPECTIVE REQUEST FOR NCV OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand: Electrodiagnostic Studies.

Decision rationale: Medical necessity for the reqeusted nerve conduction studies for the bialteral upper extremiteis is not established. Generally nerve conduction studies are not recommended by guidelines when symptoms are presumed to be due to radiculopathy. The patient had sensory and motor strength deficits, however, there is no discussion of peripheral nerve entrapment. Utility of a nerve conduction study (NCS) has not been discussed. Therefore this request is not medically necessary.

RETROSPECTIVE REQUEST FOR NCV OF THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower Back: Electrodiagnostic Studies.

Decision rationale: Medical necessity for the reqeusted nerve conduction studies for the bialteral lower extremities is not established. Generally nerve conduction studies are not recommended by guidelines when symptoms are presumed to be due to radiculopathy. The patient had sensory and motor strength deficits in the lower extremities, however there is no discussion of peripheral nerve entrapment. Utility of NCS has not been discussed. Therefore this request is not medically necessary.