MAXIMUS Federal Services

Case Number:	CM14-0101360		
Date Assigned:	09/16/2014	Date of Injury:	07/19/2012
Decision Date:	12/02/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 49 year old female with an original date of injury on 7/19/2012. The patient's industrially related diagnoses include contusion of the left hand, sprain of left wrist, lumbar spondylosis, and lumbar myofascial pain. The disputed issue is an electromyography and nerve conduction study of bilateral upper extremities. A utilization review determination on 6/20/2014 had non-certified the request for an electromyography, however, a nerve conduction study was considered medically necessary. The stated rationale for the denial for the electromyography was that patient exhibited no symptoms of cervical radiculopathy; therefore, an electromyography is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: With regard to EMG/NCS of the upper extremities, the California Medical Treatment and Utilization Schedule Sections 9792.23.1 and 9792.23.4 adopt ACOEM Chapters 8

and 11, respectively. ACOEM Chapter 8 Neck and Upper Back Complaints contains the following discussion of electrodiagnostic testing on pages 177-178: "Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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 assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected."The provided documentation does not indicate any signs of cervical radiculopathy or carpal tunnel syndrome. There was negative loss of sensation or reduce strength in the left upper extremity on an exam documented on 3/22/2014. Therefore, an electromyography is not medically necessary at this time.

Nerve Conduction Studies (NCS) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: ACOEM Chapter 11 on pages 271-273 in Table 11-7 recommends nerve conduction studies for "median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment." There is recommendation against "routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms (D)." The ACOEM guidelines on page 261 state "appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS."The provided documentation does not indicate any signs of cervical radiculopathy or carpal tunnel syndrome. There was negative loss of sensation or reduce strength in the left upper extremity on an exam documented on 3/22/2014. Therefore, a nerve conduction study is not medically necessary at this time.