

Case Number:	CM14-0109999		
Date Assigned:	08/01/2014	Date of Injury:	02/24/2014
Decision Date:	10/08/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/15/2014

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 Texas and Oklahoma. 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 31-year-old male who reported an injury on 02/24/2014. When walking on the stairs, all of a sudden he fell down 3 stairs. The injured worker complained of headaches to the back side of the head with dizziness and loss of equilibrium. He also had dull neck pain radiating to the shoulders, left arm, left hand, and left fingers. The injured worker had a diagnosis of left cervical spine radiculitis, left hand pain/numbness, right lumbar spine radiculitis and traumatic brain. The past treatments included x-rays, physical therapy, chiropractic therapy, and medication. The medication included Voltaren. The physical findings dated 04/16/2014 to the bilateral shoulders revealed constant pain to the shoulder blades, radiating pain, tingling sensation to the left shoulder, left arm, left hand, and fingers. The injured worker rated her pain a 6 to 7/10 being the worst. The bilateral knees: Intermittent to moderate or occasional severe pain in bilateral knees, located on the front of the knees with a rated pain of 6/10. The treatment plan included an EMG or electromyogram of the bilateral upper and lower extremities/nerve conduction study of the bilateral lower extremities and upper extremities. The Request for Authorization dated 08/01/2014 was submitted with documentation. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for EMG to the bilateral lower extremities is not medically necessary. The California MTUS/ACOEM indicates that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Discography is not recommended for assessing patients with acute low back symptoms. The clinical notes do not indicate that the injured worker had any neurological deficits that warrant an electromyogram. As such, the request is not medically necessary.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for NCV of the bilateral lower extremities is not medically necessary. The California MTUS/ACOEM does not address. The Official Disability Guidelines does not recommend. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Per the guidelines, this request is not recommended. As such, request is not medically necessary.

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Forearm, Wrist & Hand Procedure Summary

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

Decision rationale: The request for EMG of the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM indicate that 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 injured worker's objective findings were not evident of any abnormalities that would warrant an EMG. This request is not medically necessary.

NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Forearm, Wrist & Hand Procedure Summary

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

Decision rationale: The request for the NCV to the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM indicate 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 injured worker's objective findings were not evident of any abnormalities that would warrant an EMG. This request is not medically necessary.