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| Case Number: | CM14-0017653 | | |
| Date Assigned: | 05/09/2014 | Date of Injury: | 08/20/2013 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 02/06/2014 |
| Priority: | Standard | Application Received: | 02/12/2014 |

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, Pain Medicine and is licensed to practice in New York and Texas. 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 43-year-old male who sustained injuries to his bilateral upper extremities on 08/20/13 while pushing/pulling heavy equipment. Electrodiagnostic study dated 01/10/14 revealed evidence supportive of an active left S1-2 radiculopathy. Treatment to date has included physical therapy, medication management and chiropractic manipulation treatment. Physical examination noted straight leg raise positive at 60 degrees left. The clinical note dated 01/23/14 reported that the injured worker continued to complain of pain in the thoracic/lumbar spine and intermittent paresthesias of the left upper extremity two digits. The injured worker was diagnosed with lumbar and thoracic strains. Bilateral electrodiagnostic study is requested to rule out for upper extremity radiculopathy. The 01/10/14 electrodiagnostic study of the left lower extremity reported the injured worker complained of 90% back pain and 10% left lower extremity pain with associated numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, EMGs (electromyography).

Decision rationale: The previous request was denied on the basis that the clinical information submitted for review lacks objective documentation of neck or arm symptoms on physical examination. Additionally, there was no documentation to indicate the duration of the subjective complaints of paresthesias in the left upper extremity digits or that the injured worker has attempted and failed lower levels of care prior to the request. The 01/10/14 electrodiagnostic study of the left lower extremity reported that the injured worker complained of 90% back pain and 10% left lower extremity pain. The information provided does not address the bilateral upper extremities. Given the clinical documentation submitted for review, medical necessity of the request for Electromyography (EMG)/Nerve Conduction Velocity (NCV) the bilateral upper extremities is not medically necessary and appropriate.

NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter Nerve conduction studies (NCS).

Decision rationale: The previous request was denied on the basis that the clinical information submitted for review lacks objective documentation of neck or arm symptoms on physical examination. Additionally, there was no documentation to indicate the duration of the subjective complaints of paresthesias in the left upper extremity digits or that the injured worker has attempted and failed lower levels of care prior to the request. The 01/10/14 electrodiagnostic study of the left lower extremity reported that the injured worker complained of 90% back pain and 10% left lower extremity pain. The information provided does not address the bilateral upper extremities. Given the clinical documentation submitted for review, medical necessity of the request for Electromyography (EMG)/Nerve Conduction Velocity (NCV) the bilateral upper extremities has not been established.