

Case Number:	CM14-0110912		
Date Assigned:	08/01/2014	Date of Injury:	06/15/2003
Decision Date:	09/24/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/16/2014

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 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 60-year-old female who reported an injury on 06/15/2003. The mechanism of injury was not provided in the medical records. She is diagnosed with chronic pain syndrome. Her past treatments were noted to include medications. On 06/06/2014, the injured worker presented with complaints of numbness and weakness in the right arm and left leg. It was also noted that she reported pain in the right anterior neck and chest, right anterior upper arm, right shoulder, right axilla, and right lateral breast, as well as weakness in the right hand. She rated her pain 5/10 to 6/10. Her physical examination revealed decreased motor strength in the bilateral upper extremities, muscle atrophy in the right upper extremity, decreased sensation on the lateral right arm along the ulnar nerve and along the median nerve, as well as decreased sensation in the left upper extremity along the lateral more than the median nerve. Additionally, she was noted to have an absent right triceps reflex and a decreased left triceps reflex and right brachioradialis reflex. Her medications were noted to include Tylenol with codeine. The treatment plan included medication refills and electromyography and nerve conduction studies. The rationale for this testing was noted to be the reduction in the injured worker's grip strength, reflexes, and sensation, especially in the right upper extremity. It was noted there was suspicion for radiculopathy. The request for authorization form was not submitted in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the bilateral upper extremities, QTY: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, electromyography, and possibly nerve conduction studies, may be supported in patients with subtle, neurologic dysfunction lasting more than 3 or 4 weeks despite conservative care and observation. The clinical information submitted for review indicates that the injured worker has neurological deficits, in the right more than the left upper extremity. She was also noted to have subjective pain and weakness in the bilateral upper extremities. However, the documentation did not indicate that she has tried and failed an adequate course of conservative treatment which is required by the guidelines prior to electrodiagnostic testing. Therefore, in the absence of documentation showing the failure of conservative care, the request is not medically necessary.

Nerve Conduction Study (NCS) of the bilateral upper extremities; QTY: 2.0: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines, Intergrated Treatment/Disability Duration Guidelines.

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, electromyography, and possibly nerve conduction studies, may be supported in patients with subtle, neurologic dysfunction lasting more than 3 or 4 weeks despite conservative care and observation. The clinical information submitted for review indicates that the injured worker has neurological deficits, in the right more than the left upper extremity. She was also noted to have subjective pain and weakness in the bilateral upper extremities. However, the documentation did not indicate that she has tried and failed an adequate course of conservative treatment which is required by the guidelines prior to electrodiagnostic testing. Therefore, in the absence of documentation showing the failure of conservative care, the request is not medically necessary.