MAXIMUS Federal Services

Case Number:	CM14-0119360		
Date Assigned:	08/06/2014	Date of Injury:	10/14/2009
Decision Date:	10/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/29/2014

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:

This is a 55 year old female with a 10/14/09 injury date. She injured her neck and upper extremites. No mechanism of injury was provided. In a follow-up on 7/3/14, it is noted that she has had a steroid injection to her medial elbow with no benefit. Objectively, there is pain in the medial elbow and a positive Spurling's sign of the cervical spine. No neurologic objetctive signs were documented in any of the follow-up notes. Diagnostic impression: bilateral carpal tunnel syndrome, cervical herniated disc, medial epicondylitis. Treatment to date: medications.A UR decision on 7/15/14 denied the request for EMG/NCS on the basis that there were no documented objective signs of neuropathy. The request for cervical MRI was denied on the basis that there were no red flag signs present or documented treatment plans based upon the future MRI results.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) bilateral upper extremities, rule out radiculopathy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In the present case, there are no objective signs documented that suggest radiculopathy or neuropathy. There is no documented evidence of prior conservative treatment. Therefore, the request for EMG (electromyography) bilateral upper extremities, rule out radiculopathy, is not medically necessary.

NCS (nerve conduction studies) bilateral upper extremities, rule out radiculopathy: 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) - Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In the present case, there are no objective signs documented that suggest radiculopathy or neuropathy. There is no documented evidence of prior conservative treatment. Therefore, the request for NCS (nerve conduction studies) bilateral upper extremities, rule out radiculopathy, is not medically necessary.

MRI cervical spine w/o contrast: 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): 179-180.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In the present case, there is no documented evidence of objective findings that point to neurologic dysfunction in the upper extremities or red flags. There is no evidence of prior conservative treatment such as physical therapy. Therefore, the request for MRI cervical spine w/o contrast is not medically necessary.