

Case Number:	CM14-0120676		
Date Assigned:	08/06/2014	Date of Injury:	08/19/2013
Decision Date:	10/01/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family Practice and is licensed to practice in 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 49-year-old male who reported an injury on 08/19/2013. The mechanism of injury was a fall. The diagnoses included lumbar spine disc injury, lumbar spine strain, lumbar spine radiculopathy, right index finger crush injury, right hand neuropathy. Previous treatments included medication, physical therapy, and chiropractic sessions. In the clinical note dated 06/24/2014, it was reported the injured worker complained of consistent right index finger pain. He complained of constant low back pain with radiation to the hips and buttocks. He reported tingling sensation in the lower extremity to the level of the foot. He rated his pain 7/10 in severity. The injured worker complained of occasional right finger pain rated 7/10 in severity. He described the pain as sharp, throbbing and moderate to severe in nature. Upon the physical examination of the lumbar spine, the provider noted the injured worker had a positive straight leg raise on the left. The injured worker had a positive trigger point examination. The provider noted the lumbar spine range of motion was decreased. Deep tendon reflexes were 2/2; motor strength was 5/5. The provider noted the injured worker had a positive Phalen's test. The provider recommended the injured worker undergo an EMG/NCV of the upper and lower extremity, acupuncture, MRI of the right hand, and continue medications. The request submitted is for an EMG/NCV of the upper and lower extremities to confirm and rule out any possibility of neuropathy. The request for authorization is not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) Neck & Upper Back Procedure Summary last updated 4/14/14, and The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for an EMG of the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines recommend electromyography in cases of peripheral nerve impingement. If no improvement in worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. Within the clinical documentation submitted, there is lack of significant neurological deficits of the bilateral extremities. The provider did notate the injured worker had decreased strength in the right hand; however, there is lack of documentation of left hand deficits. There is lack of significant documentation indicating peripheral nerve impingement of the left extremity. Therefore, the request is not medically necessary.

EMG (electromyography) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) Low Back Procedure Summary last updated 7/3/14, and The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM)

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

Decision rationale: The request for an EMG of the bilateral lower extremities is not medically necessary. The California MTUS Guidelines state electromyography including H-reflex tests may be useful to identify subtle, focal neurological dysfunctions in patients with low back symptoms lasting more than 3 to 4 weeks. There is lack of significant neurological deficits such as decreased motor strength or decreased sensation in a specific dermatomal or myotomal distribution. There is lack of documentation indicating the injured worker tried and failed conservative therapy. Therefore, the request is not medically necessary.

NCS (nerve conduction studies) of the bilateral upper extremities: 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) - Treatment in Workers' Compensation (TWC) Neck & Upper Back Procedure Summary last updated 4/14/14, and The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM)

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

Decision rationale: The request for a nerve conduction study of the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines note nerve conduction studies including H-reflex tests may be helpful to identify subtle focal neurological dysfunction in a patient with neck or arm symptoms, or both lasting more than 3 to 4 weeks. In addition, the Official Disability Guidelines do not recommend a nerve conduction study to demonstrate radiculopathy if radiculopathy has already been clearly identified by an EMG or obvious clinical signs, but recommended if an EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic process of the diagnosis more than likely based on the clinical examination. There is minimal justification for performing nerve conduction studies when the patient is already presumed to have symptoms of radiculopathy. There is lack of documentation indicating the injured worker had failed conservative therapy. There is lack of significant neurological deficits in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.

NCS (nerve conduction studies) of the bilateral lower extremities: 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) - Treatment in Workers' Compensation (TWC) Low Back Procedure Summary last updated 7/03/14, and The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Study

Decision rationale: The request for a nerve conduction study of the bilateral lower extremities is not medically necessary. The Official Disability Guidelines do not recommend a nerve conduction study as there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms of radiculopathy. There is lack of documentation indicating the injured worker has tried and failed conservative therapy. There is lack of significant neurological deficits in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.

MRI of the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) Forearm, Wrist, & Hand Procedure Summary last updated 2/18/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for an MRI of the right hand is not medically necessary. The California MTUS/ACOEM Guidelines note for most patients presenting with true hand and wrist problem, special studies are not needed until after 4 to 6 weeks of conservative care and observation. Most patients quickly improve, provided red flag conditions are ruled out. There is lack of documentation indicating the injured worker has tried and failed conservative therapy. There is lack of significant neurological deficits in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.