

Case Number:	CM14-0127265		
Date Assigned:	08/15/2014	Date of Injury:	02/06/2008
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 Interventional Spine 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 patient is a 48-years old female with an injury date on 02/06/2008. Based on the 01/03/2014 progress report provided by [REDACTED], the diagnoses are: 1. Brachial neuritis NOS. 2. Lumbosacral neuritis NOS. 3. Somat dysfunction sacral regions. According to this report, the patient complains of lower back pain, neck pain, left shoulder pain and left arm pain. Numbness in the left hand and fingers was noted. Tenderness and spasm was noted at the left trapezius muscle. Cervical range of motion is about 50% of normal. Strength test is mildly decreased, secondary to pain. The 09/10/2013 Q.M.E. report indicate there was an EMG study on 11/30/2012 with the result of "Impaired conduction - very severe C5, C6, C7, C5, T1, T2." There were no other significant findings noted on this report. The utilization review denied the request on 07/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/11/2013 to 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro repeat EMG/NCS, bilateral upper extremities, on 1-20-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Cervical spine.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS ODG guidelines has the following regarding EDX and carpal tunnel syndrome: (http://www.odg-twc.com/odgtwc/Carpal_Tunnel.htm)

Decision rationale: According to the 01/03/2014 report by [REDACTED] this patient presents lower back pain, neck pain, left shoulder pain and left arm pain. The physician is requesting a retro repeat EMG/NCS of the bilateral upper extremities on 1/20/2014. The treating physician's report and request for authorization containing the request is not included in the file. Regarding EMG/NCS, ODG guidelines state "If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Review of the reports show the patient had an EMG study done past indicated "very severe C5, C6, C7, C5, T1, and T2." In this case, a repeat study of the same body parts is not needed and the physician does not explain why another study is needed. Therefore, Retro repeat EMG/NCS (Electromyogram/ Nerve conduction velocity) bilateral upper extremities, on 1-20-14 are not medically necessary.