

Case Number:	CM14-0138125		
Date Assigned:	09/05/2014	Date of Injury:	11/21/2012
Decision Date:	09/29/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/25/2014

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 47 year-old patient sustained an injury on 11/21/12 while employed by [REDACTED]. Request(s) under consideration include Electromyogram and Nerve Conduction Studies. Diagnoses include cervical degenerative disc disease/ radiculitis/ spinal stenosis; lumbar degenerative disc disease. Report of 7/23/14 from the provider noted the patient had undergone recent bilateral C5-6 transforaminal epidural steroid injection which helped for about 3 weeks, able to reduce the Percocet on average of 3-4/day to 2-3/day. The patient has ongoing complaints of paresthesias of right ulnar region after flexing her elbows and electrodiagnostics were recommended prior to surgical intervention. Pain was rated at 6-7/10 without medications and 1-2/10 with medications which listed Oxycodone, Cymbalta, Wellbutrin, and Gabapentin. Exam showed tenderness at left cervical paraspinals; decreased range in all planes with intact neurological findings. The patient remained not working. The request(s) for Electromyogram and Nerve Conduction Studies was not medically necessary on 8/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram and Nerve Conduction Studies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disabilities Guidelines Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Request(s) under consideration include Electromyogram and Nerve Conduction Studies. Diagnoses include cervical degenerative disc disease/ radiculitis/ spinal stenosis; lumbar degenerative disc disease. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal/ spinal stenosis, entrapment or peripheral neuropathy, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any clinical findings to suggest any entrapment syndrome with neurological exam intact without specific consistent myotomal or dermatomal correlation to support for electrodiagnostics for a patient s/p injury of 2012. The Electromyogram and Nerve Conduction Studies of BUE is not medically necessary and appropriate.