

Case Number:	CM14-0173121		
Date Assigned:	10/23/2014	Date of Injury:	09/17/2013
Decision Date:	12/02/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/20/2014

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 Medicine 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 38 years old female patient who sustained an injury on 9/17/13. She sustained the injury while wearing her duty belt which caused her back pain. The current diagnoses include bilateral carpal tunnel syndrome, low back pain and major depression secondary to chronic pain. Per the doctor's note dated 10/9/14, she had low back pain and carpal tunnel syndrome. The physical examination revealed full range of motion at bilateral wrist, positive Tinel's sign at the right side, negative Phalen's bilaterally; lumbar spine range of motion- flexion 40, extension 5 degrees and full lateral rotation, absent DTRs at both knees and tenderness over the lumbar spinous process. The current medication list includes norco, lorazepam, adderall, tizanidine and cymbalta. She has had MRI of pelvis dated 12/4/13 with normal findings; MRI lumbar spine dated 10/1/13 and 11/20/13 with normal findings; electrodiagnostic studies for lower extremities dated 12/20/13 with normal findings; electrodiagnostic studies of upper extremities dated 7/15/14 with findings of moderately severe bilateral carpal tunnel syndrome, worse on the left. She has had chiropractic visits and lumbar facet injections for this injury. She has had neuro ablation at L2-5 in 7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 268-269.

Decision rationale: This is a request for EMG/NCS. The request itself does not clearly specify whether the EMG/ NCS was requested for the upper extremities or the lower extremities , HOWEVER, per the notes of the office visit dated 10/9/14 , the electro-diagnostic studies were requested for the upper extremities .Per the ACOEM guidelines cited below "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful."Patient is having a diagnosis of carpal tunnel syndrome. She has already had electrodiagnostic studies for the upper extremities on 7/15/14 with findings of moderately severe bilateral carpal tunnel syndrome, worse on the left. Significant changes in patient's condition since this diagnostic study that would require A repeat EMG/NCS is not specified in the records provided. Response to conservative therapy including PT, medications, rest and splint is not specified in the records provided. The medical necessity of an EMG/NCV (Bilateral Upper Extremity) is not fully established for this patient at this time.