

Case Number:	CM14-0037426		
Date Assigned:	06/25/2014	Date of Injury:	08/04/2005
Decision Date:	08/14/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/28/2014

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 Nevada. 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 45-year-old male who was reportedly injured on August 4, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 8, 2014, indicates that there are ongoing complaints of low back pain and bilateral inguinal pain. Current medications include Lyrica, Lidoderm patches, Zoloft, Lunesta, OxyContin and trazodone. The physical examination demonstrated improvement in the injured employee's bells-palsy symptoms. Diagnostic imaging studies are not commented on. A request had been made for electromyogram and nerve conduction velocity studies of the bilateral upper extremities and was not certified in the pre-authorization process on March 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: [https://www.acoempracguides.org/Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.Official Disability Guidelines \(ODG\): www.odg-twc.com; Neck and Upper Back \(Acute and Chronic\).](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine;Table%202,Summary%20of%20Recommendations,Cervical%20and%20Thoracic%20Spine%20Disorders.Official%20Disability%20Guidelines%20(ODG):www.odg-twc.com;Neck%20and%20Upper%20Back%20(Acute%20and%20Chronic).)

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

Decision rationale: According to the medical record the injured employee does not have any symptoms of any upper extremity radiculopathy. There was a diagnosis of bells palsy and symptoms were stated to be improving according to the most recent progress note dated July 8, 2014. Furthermore there is no examination of any radicular findings of the upper extremities on physical examination. For these multiple reasons this request for electromyogram testing of the bilateral upper extremities is not medically necessary.

Nerve Conduction Velocity (NCV) bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: [https://www.acoempracguides.org/Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.Official Disability Guidelines \(ODG\): www.odg-twc.com; Neck and Upper Back \(Acute and Chronic\).](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine;Table%202,Summary%20of%20Recommendations,Cervical%20and%20Thoracic%20Spine%20Disorders.Official%20Disability%20Guidelines%20(ODG):www.odg-twc.com;Neck%20and%20Upper%20Back%20(Acute%20and%20Chronic).)

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

Decision rationale: According to the medical record the injured employee does not have any symptoms of any upper extremity radiculopathy. There was a diagnosis of bells palsy and symptoms were stated to be improving according to the most recent progress note dated July 8, 2014. Furthermore there is no examination of any radicular findings of the upper extremities on physical examination. For these multiple reasons this request for nerve conduction velocity testing of the bilateral upper extremities is not medically necessary.