

Case Number:	CM14-0046740		
Date Assigned:	07/02/2014	Date of Injury:	10/29/2008
Decision Date:	08/21/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation 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 58-year-old male who reported an injury on 10/29/2008. The diagnosis was lumbago. The mechanism of injury was a hoist fell onto the injured worker's back. The medications included naproxen, Norco, omeprazole, and Inderal 10 mg. Surgical history was noncontributory. Treatments included physical therapy and lumbar elastic back brace. Other testing included an x-ray and an MRI. The documentation of 01/22/2014 revealed the injured worker had pain radiating into the right leg with numbness. The physical examination revealed findings for the lumbar spine, not the upper extremities. There was no DWC Form RFA or PR-2 submitted for the requested procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute Online, Official Disability Guidelines-Treatment in Workers' Comp. Integrated Treatment/Disability Duration Guidelines. Neck & Upper Back (Acute & Chronic). Electromyography (EMG) Indications.

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

Decision rationale: ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There was no documentation of conservative care that was provided. There was no documentation of a failure of conservative care. There was no DWC Form RFA or PR-2 submitted to establish the necessity for the requested procedure. Given the above, the request for EMG of bilateral upper extremities is not medically necessary.

NCS of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute Online, Official Disability Guidelines-Treatment in Workers' Comp. Integrated Treatment/Disability Duration Guidelines. Neck & Upper Back (Acute & Chronic). Electromyography (EMG) Indications.

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

Decision rationale: ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There was no documentation of conservative care that was provided. There was no documentation of a failure of conservative care. There was no DWC Form RFA or PR-2 submitted to establish the necessity for the requested procedure. The clinical documentation submitted for review failed to provide documentation of a peripheral neuropathy condition existing in the bilateral upper extremities and as there was no DWC Form RFA or PR-2 submitted, there was no documentation specifically indicating a necessity and rationale for both an EMG and NCV. Given the above, the request for NCS of the bilateral upper extremities is not medically necessary.