

Case Number:	CM14-0048262		
Date Assigned:	07/30/2014	Date of Injury:	03/03/2006
Decision Date:	10/23/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/19/2014

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 60 year old male with date of injury 3/3/06. The treating physician report dated 1/8/14 indicates that the patient presents with chronic neck and lower back pain with radiation of pain into the right upper extremity with paresthesia and pain into the right ankle. The physical examination findings reveal spasm, tenderness and guarding in the cervical and lumbar spine with decreased range of motion. Decreased sensation is noted in the C6 dermatomes bilaterally with some difficulty and weakness with elevation of the right arm. The current diagnoses are: 1. Cervical radiculopathy 2. Lumbosacral radiculopathy 3. Shoulder Impingement 4. Meniscal tear medial. The utilization review report dated 2/26/14 denied the request for EMG/NCV of bilateral upper and lower extremities based on the ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG NCV BILATERAL LOWER EXTREMITIES, BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Neck Chapter, Electrodiagnostic studies (EDS)

Decision rationale: The patient presents with chronic pain affecting the cervical and lumbar spine with right upper extremity complaints. The current request is for EMG/NCV bilateral lower and upper extremities. The treating physician states, "He does not recall when his previous nerve studies were done. However, we believe updated studies are warranted either way. Therefore, I am formally requesting authorization for electrodiagnostic studies of the upper and lower extremities to evaluate if the cause of his paresthesias is entrapment neuropathy versus radiculopathy versus peripheral neuropathy." The ACOEM guidelines do not address repeat electrodiagnostic studies (EDX). The ODG guidelines neck chapter supports EDX and states that the number of tests performed should be the minimum needed to establish an accurate diagnosis. The treater in this case has stated that the patient remembers having nerve testing done early in his treatment, but there are no records provided with those results. MTUS page 8 requires that the treating physician monitor the patient's progress and make appropriate recommendations. In this case, the patient has had a set of EDX in the past that the treater has not reviewed. There is no mention of new injury, change in the patient's clinical picture in any significant way, no new symptoms in the recent past other than continued subjective complaints. The guidelines do not support repeating studies based on continuing similar symptoms particularly when there is a prior study already done. Recommendation is for denial.