MAXIMUS Federal Services

Case Number:	CM14-0056019		
Date Assigned:	07/09/2014	Date of Injury:	09/23/2011
Decision Date:	08/08/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/25/2014

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 Neurologist, and is licensed to practice in Texas, Ohio and Massachusetts. 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 57-year-old male who reported an injury on 09/23/2011 caused by an unspecified mechanism. It was noted on 10/18/2013 the injured worker had undergone an EMG/NCV studies of the upper extremities that concluded there were no acute or chronic denervation potentials in any of the muscles nerves. The NCV studies concluded electrophysiological evidence of left mild carpal tunnel syndrome. It was noted within the documentation the injured worker was post-status of a left wrist surgery in the form of a hardware removal and decompression of the entrapped nerves on 01/2014. The injured worker's treatment plan included 12 acupuncture treatments, 12 chiropractic treatment physical therapy treatments, X-rays; sleep study, surgery, and MRI studies. The injured worker was evaluated on 06/02/2014 and complained of pain and tingling sensation in the upper extremity and over the left inguinal region. The provider noted there was tenderness over the paracervical, sternocleidomastoid, trapezius, Levator scapulae, and supraclavular fossa muscles bilaterally had spasms. The range of motion was full. It was noted the neurologic examination there was decreased sensation of the left upper extremity with weakness. The medications included Lyrica 50 mg, Capsaicin Gel, and Cymbalta 30 mg. The injured worker's diagnoses included chronic neck pain syndrome, chronic low back pain syndrome, disc herniation, fracture left wrist, carpal tunnel syndrome, left wrist, tinea corporis, umbilical hernia, hypertension, anxiety/depression, insomnia, and sexual dysfunction. The request for authorization dated 03/20/2014 was for EMG/NCV of the bilateral upper extremities; however, the rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disabiltiy Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic).

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

Decision rationale: The request for electromyography of the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The guidelines state the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. It was noted on 10/18/2013 the injured worker had undergone an EMG/NCV studies of the upper extremities that concluded there were no acute or chronic denervation potentials in any of the muscles nerves. The NCV studies concluded electrophysiological evidence of left mild carpal tunnel syndrome. The injured worker has already undergone an EMG/NCV on 10/18/2013 providing a conclusive diagnosis. There was no evidence provided on the rationale on why another EMG/NCV is required on the bilateral upper extremities. Furthermore, the documentation provided did not include the official report of the EMG/NCV studies. It was noted the injured worker has received conservative care, however the outcome measurements was not provided. Given the above, the request is not medically necessary.

Nerve conduction study (NCS) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disabiltiy Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic).

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

Decision rationale: The request for electromyography of the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The guidelines state the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. It was noted on

10/18/2013 the injured worker had undergone an EMG/NCV studies of the upper extremities that concluded there were no acute or chronic denervation potentials in any of the muscles nerves. The NCV studies concluded electrophysiological evidence of left mild carpal tunnel syndrome. The injured worker has already undergone an EMG/NCV on 10/18/2013 providing a conclusive diagnosis. There was no evidence provided on the rationale on why another EMG/NCV is required on the bilateral upper extremities. Furthermore, the documentation provided did not include the official report of the EMG/NCV studies. It was noted the injured worker has received conservative care, however the outcome measurements was not provided. Given the above, the request is not medically necessary.