

Case Number:	CM14-0082283		
Date Assigned:	07/21/2014	Date of Injury:	03/15/2014
Decision Date:	09/17/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/03/2014

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 Occupational 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:

According to the records made available for review, this is a 39-year-old male with a 3/15/14 date of injury. At the time (3/19/14) of the request for authorization for electromyography of bilateral upper extremities, nerve conduction velocity studies of bilateral upper extremities, electromyography of bilateral lower extremities, and nerve conduction studies bilateral lower extremities, there is documentation of subjective (constant neck pain that radiates to the bilateral hands with associated numbness and tingling and constant low back pain that radiates to the left lower extremity with associated numbness and tingling) and objective (cervical spine range of motion is restricted and painful in all planes; pain and tenderness is noted upon palpation of the trapezius, levator scapula and rhomboids bilaterally; cervical distraction, foraminal compression and shoulder depression tests are positive bilaterally; lumbar spine range of motion is restricted and painful in all planes; shoulder range of motion is restricted and painful in all planes; moderate tenderness noted at the acromioclavicular joint, deltoid bursa, and bicipital tendon grooves bilaterally; impingement sign and apprehension test are positive bilaterally; and tenderness is noted upon palpation of dorsal surface of both wrists) findings, current diagnoses (cervical sprain/strain, cervical myofascitis, wrist sprain/strain, lumbosacral sprain/strain, radicular syndrome lower extremity, shoulder sprain/strain, and impingement syndrome), and treatment to date (medications). Regarding electromyography of bilateral upper extremities and nerve conduction velocity studies of bilateral upper extremities, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Regarding electromyography of bilateral lower extremities, and nerve conduction studies bilateral lower extremities, there is no documentation of objective evidence of radiculopathy after 1-month of conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS).

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. ODG identifies that EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, cervical myofascitis, wrist sprain/strain, lumbosacral sprain/strain, radicular syndrome lower extremity, shoulder sprain/strain, and impingement syndrome. In addition, there is documentation of subjective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for electromyography of bilateral upper extremities is not medically necessary.

Nerve conduction velocity studies of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS).

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. ODG identifies that EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, cervical myofascitis, wrist sprain/strain, lumbosacral sprain/strain, radicular syndrome lower

extremity, shoulder sprain/strain, and impingement syndrome. In addition, there is documentation of subjective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for nerve conduction velocity studies of bilateral upper extremities is not medically necessary.

Electromyography of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, cervical myofascitis, wrist sprain/strain, lumbosacral sprain/strain, radicular syndrome lower extremity, shoulder sprain/strain, and impingement syndrome. In addition, there is documentation of subjective findings consistent with radiculopathy. However, there is no documentation of objective evidence of radiculopathy after 1-month of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for electromyography of bilateral lower extremities is not medically necessary.

nerve conduction studies bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is

presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, cervical myofascitis, wrist sprain/strain, lumbosacral sprain/strain, radicular syndrome lower extremity, shoulder sprain/strain, and impingement syndrome. In addition, there is documentation of subjective findings consistent with radiculopathy. However, there is no documentation of objective evidence of radiculopathy after 1-month of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for nerve conduction studies bilateral lower extremities is not medically necessary.