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| Case Number: | CM14-0088868 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 08/07/1998 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 05/18/2014 |
| Priority: | Standard | Application Received: | 06/12/2014 |

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 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 61-year-old female who reported an injury due to continuous trauma 08/07/1998. The medical records were reviewed. The clinical note dated 05/29/2014 is handwritten and hard to decipher. The clinical note reported the injured worker reported pain to the foot and knee. On physical examination, there is no change since the last visit. The injured worker's treatment plan was not provided for review. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Motrin. The provider submitted a request for EMG/NCV of the bilateral lower extremities and upper extremities. A Request for Authorization was submitted for review, to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262..

Decision rationale: The request for EMG/NCV bilateral upper extremities is not medically necessary. The California MTUS/ACOEM guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. There is lack of documentation provided of exhaustion of conservative therapy, such as NSAIDs and physical therapy. In addition, there is lack of evidence on physical exam of tingling, numbness. Therefore, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS)

Decision rationale: The request for EMG/NCV bilateral lower extremities is not medically necessary. The California MTUS/ACOEM guidelines recommend the detection of physiologic abnormalities; if no improvement after 1 month, consider needle EMG and H-reflex tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The Official Disability Guidelines state EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. There is lack of documentation of exhaustion of conservative therapy, such as NSAIDs and physical therapy. In addition, there is lack of evidence to suggest peripheral neuropathy to warrant a nerve conduction velocity. Therefore, the request for EMG/NCV to the bilateral lower extremities is not medically necessary.