MAXIMUS Federal Services

Case Number:	CM14-0094482		
Date Assigned:	07/25/2014	Date of Injury:	04/17/2011
Decision Date:	12/31/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/22/2014

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 Internal 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:

The injured worker (IW) is a 40- year-old woman with a date of injury of April 17, 2011. The IW was cleaning using a ladder. As she was going down the ladder, she slipped on the ladder and fell on her bottom and on her left hand. She had immediate pain in her low back and left hand, especially around her coccyx area. X-rays revealed a fracture of the coccyx. She was given Tramadol Vicodin, Naproxen, and Tylenol for pain. She was given a donut to sit on. During the course of the initial work-up, the IW became pregnant. Approximately 2 months into the pregnancy, she had a miscarriage. Subsequently, she found out that she is pregnant again. The IW has since had the baby. Magnetic resonance imaging (MRI) of the lumbar spine dated January 27, 2014 showed a bulging disc at L5-S1. MRI of the left wrist dated January 27, 2014 showed a small ganglion cyst at the level of the radial styloid. There was no evidence of bony lesion or acute fracture, or bone marrow edema. Pursuant to the progress note dated June 23, 2014, the IW presents for pain management options due to early pregnancy. Objectively, straight leg raise test was positive on the right at 45 degrees and on the left at 30 degrees. She has no neurological loss. She has weakness and decreased grip in her left wrist. She has decreased pain and touch sensation in the right L4 nerve distribution. The provider documents that the known coccyx fracture is now over 2 year old. The IW has been diagnosed with old coccygeal fracture, still causing pain, left wrist pain with no work-up available, and lumbar discogenic pain. The IW is no longer breastfeeding at this point so Voltaren gel, Naproxen 500mg, Omeprazole 20mg, and Tramadol 50mg have been prescribed. The provider documents the following: "The patient definitely has radicular findings at L4 on the right and decreased abductor halluces longus and foot flexor strength on the left. She has positive leg lift on the right at 45 degrees and on the left at 30 degrees consistent with L5-S1 discogenic disease. Because of this, I think that EMG would be extremely useful to determine if there is underlying radicular nerve loss an also I am

recommending epidural steroid injection at L5-S1". The IW has been cleared by maximum medical improvement by 2 panel QME providers in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG to Bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, electromyography (EMG) and nerve conduction velocity (NCV) study to the bilateral upper extremities is not medically necessary. Electrodiagnostic testing should be medically indicated. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies for non-neuropathic processes of other diagnoses may be likely based on clinical examination. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm brachial plexus abnormality or some problem other than cervical radiculopathy, but these studies can result in unnecessary overtreatment. In this case, the injured worker's working diagnoses are old coccygeal fracture, left wrist pain with no work available, and lumbar discogenic pain. Magnetic resonance imaging (MRI) shows bulging disc at L5-S1. Physical examination of the upper extremity does not demonstrate any neurologic abnormalities. The treating physician's recommendation states "I think an EMG would be extremely useful to determine if there is underlying radicular nerve loss." There is no documentation in the medical record of radicular symptoms, there is no clinical documentation of radiculopathy, there is no documentation of suspected carpal tunnel syndrome and consequently, nerve conduction velocity studies and electromyography are not clinically indicated or medically necessary. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, EMG/NCV to the bilateral upper extremities is not medically necessary.

NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, electromyography (EMG) and nerve conduction velocity (NCV) study to the bilateral upper extremities is not medically

necessary. Electrodiagnostic testing should be medically indicated. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies for non-neuropathic processes of other diagnoses may be likely based on clinical examination. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm brachial plexus abnormality or some problem other than cervical radiculopathy, but these studies can result in unnecessary over treatment. In this case, the injured worker's working diagnoses are old coccygeal fracture, left wrist pain with no work available, and lumbar discogenic pain. Magnetic resonance imaging (MRI) shows bulging disc at L5-S1. Physical examination of the upper extremity does not demonstrate any neurologic abnormalities. The treating physician's recommendation states "I think an EMG would be extremely useful to determine if there is underlying radicular nerve loss . . . .". There is no documentation in the medical record of radicular symptoms, there is no clinical documentation of radiculopathy, there is no documentation of suspected carpal tunnel syndrome and consequently, nerve conduction velocity studies and electromyography are not clinically indicated or medically necessary. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, EMG/NCV to the bilateral upper extremities is not medically necessary.

EMG Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, nerve conduction studies/EMGs are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, there are no subjective or objective radicular symptoms. There is no clinical evidence of radiculopathy in any of the diagnoses. Consequently, absent physical examination evidence of radiculopathy and diagnostic evidence of radiculopathy, both nerve conduction velocity studies and EMGs are not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, nerve conduction studies and EMGs of the lower extremities are not medically necessary.

NCV Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, nerve conduction studies/ electromyography (EMGs) are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, there are no subjective or objective radicular symptoms. There is no clinical evidence of radiculopathy in any of the diagnoses. Consequently, absent physical examination evidence of radiculopathy and diagnostic evidence of radiculopathy, both nerve conduction velocity studies and EMGs are not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, nerve conduction studies and EMGs of the lower extremities are not medically necessary.