

Case Number:	CM14-0095878		
Date Assigned:	07/25/2014	Date of Injury:	02/01/2001
Decision Date:	08/28/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/24/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

On the 6/4/14 initial orthopedic evaluation notes the injured worker experienced middle to upper back pain, numbness, tingling, pain in the hands and forearms. The insured was reported to have had two MRI, two EMG's, and three cervical ESI's. Physical examination notes normal cervical ROM and sensation. The injured worker's strength is reported as 5/5 in the upper extremities bilateral. Reflexes were 2+ for the biceps and triceps bilateral with negative Hoffman's. The diagnosis of carpal tunnel syndrome was provided by the treating physician based on numbness and tingling down the arms in the C6 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Electromyography Bilateral Upper Extremities 6/5/14 and 7/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines: Chapter: Neck and Upper Back (Acute & Chronic) Electromyography (EMG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) upper carpal tunnel, electrodiagnostic studies.

Decision rationale: The medical records provided for review indicate two previous EMG studies being performed but does not indicate the results or indicate that the reports were not available. There is no indication from the physical examination of objective neurologic deficits being present. The medical necessity for doing a repeat study given two previous EMGs is not indicated by the medical records provided for review in my medical opinion. There is no indication that the previous studies were inadequate or non-diagnostic to support a repeat study. There is no indication that the insured is being considered for surgery and as such EMG is not supported under ODG. The request is not medically necessary.

Prospective Request for 1 Nerve Conduction Velocity Studies of the Bilateral Upper Extremities 6/5/14 and 7/20/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines: Treatment for Workers; Compensation, Online Edition Chapter Neck and Upper Back (Acute & Chronic) Nerve Conduction Studies (NCS) Official Disabilities Guidelines: Carpal Tunnel Syndrome (

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel, electrodiagnostic study.

Decision rationale: The medical records provided for review indicate two previous EMG (with NCV) studies being performed but does not indicate the results or indicate that the reports were not available. There is no indication from the physical examination of objective neurologic deficits being present. The medical necessity for doing a repeat study given two previous EMGs (with NCV) is not indicated by the medical records provided for review in my medical opinion. There is no indication that the previous studies were inadequate or non-diagnostic to support a repeat study. There is no indication that the insured is being considered for surgery and as such NCV is not supported under ODG. Therefore, the request is not medically necessary.