MAXIMUS Federal Services

Case Number:	CM13-0018079		
Date Assigned:	10/11/2013	Date of Injury:	07/15/2012
Decision Date:	03/18/2015	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/29/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 female, who sustained an industrial injury on July 15, 2012. She has reported cramping in the biceps and pain in the neck, right wrist/hand and right thumb while performing data entry. The diagnoses have included cervical lumbar Discopathy, carpal tunnel/double crush syndrome, rule out internal derangement/impingement syndrome/ rotator cuff tear right shoulder and right elbow cubital tunnel syndrome. Treatment to date has included urine drug screening and oral medications. Currently, the injured worker complains of neck pain that is aggravated by repetitive motions of the neck prolonged positioning of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level, she has low back pain that is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks, her right should pain is unchanged. The provider on June 6, 2013 noted for the lumbar spine seated nerve root test positive, in the right hand/thumb positive palmer compression test there is reproducible symptomatology in the median nerve distribution with a positive Tinel's. On August 9, 2013 Utilization Review non-certified a retro electromyogram right lower extremity, retro nerve conduction study left lower extremity, retro nerve conduction study right lower extremity and electromyogram left lower extremity, noting, Medical Treatment Utilization Schedule Guidelines was cited. On July 25, 2013, the injured worker submitted an application for IMR for review of retro electromyogram right lower extremity, retro nerve conduction study left lower extremity, retro nerve conduction study right lower extremity and electromyogram left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro EMG Right Lower Extremity: Upheld

Claims Administrator 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, EMGs

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 - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: According to the Official Disability Guidelines, EMG's are recommended as an option and 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. The medical record provides little recent documentation warranting EMG studies. RETRO EMG RIGHT LOWER EXTREMITY is not medically necessary.

Retro NCV Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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 - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The ODG does not recommend nerve conduction studies. RETRO NCV LEFT LOWER EXTREMITY is not medically necessary.

Retro NCV Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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 - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The ODG does not recommend nerve conduction studies. RETRO NCV RIGHT LOWER EXTREMITY is not medically necessary.

Retro EMG Left Lower Extremity: Upheld

Claims Administrator 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, EMGs

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 - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

Decision rationale: According to the Official Disability Guidelines, EMG's are recommended as an option and 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. The medical record provides little recent documentation warranting EMG studies. RETRO EMG LEFT LOWER EXTREMITY is not medically necessary.