

Case Number:	CM14-0201191		
Date Assigned:	01/09/2015	Date of Injury:	04/07/2014
Decision Date:	02/10/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 50-year-old woman with a date of injury of April 7, 2014. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical and lumbosacral sprain/strain injury; myofascial pain syndrome; possible cervical radiculopathy versus peripheral neuropathy; and left wrist hand strain/strain injury. There are two relevant progress note reviewed in the medical record. Dated October 6, 2014, and October 20, 2014. In the October 6, 2014 progress note, the IW has subjective complaints of ongoing pain in the left hand. There is no discussion of any cervical pain radiating down the arm. The physical examination was unremarkable with normal muscle strength and reflexes. There was no sensory examination present. The treatment plan was for an EMG upon completion of electro acupuncture treatment trial. The progress note dated October 20, 2014 indicates the IW has ongoing pain in her neck, low back and hand. The discussion states there is pain radiating into the left upper extremity with associated numbness and tingling. EMG and nerve conduction studies were requested to confirm the presence of cervical and lumbosacral radiculopathy as well as peripheral neuropathy. The medical records did not contain specific clinical symptoms or objective findings suggestive of cervical spine radiculopathy or peripheral neuropathy. Additionally, nerve conduction and EMGs were requested for the bilateral upper extremities. There were no complaints or objective findings referable to the right upper extremity. The current request is for EMGs/NCVs of the right upper and left upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Right/Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, 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 Section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV right upper and left upper extremity are not medically necessary. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the injured worker's working diagnoses are cervical and lumbosacral sprain/strain injury; myofascial pain syndrome; possible cervical radiculopathy versus peripheral neuropathy; and left wrist/hand sprain/strain injury. There are two relevant progress notes reviewed in the medical record October 6, 2014 and October 20, 2014. In the October 6, 2014 progress note, the injured worker has subjective complaints with ongoing pain in the neck and left hand. There is no discussion of any cervical pain radiating down the arm. Physical examination was unremarkable with normal motor strength and reflexes. There was no sensory examination present. The treatment plan was for an EMG upon completion of electro-acupuncture treatment trial. The progress note dated October 20, 2014 indicates the injured worker has ongoing pain in her neck, low back and hand. The discussion states there is pain radiating into the left upper extremity with associated numbness and tingling. EMG and nerve conduction studies were requested to rule out the presence of cervical and lumbosacral radiculopathy as well as peripheral neuropathy. The medical records did not contain specific clinical symptoms or objective findings suggestive of cervical spine radiculopathy or peripheral neuropathy to warrant both nerve conduction and needle EMG studies. Additionally, nerve conduction and EMGs were requested for the bilateral upper extremities. There were no complaints or objective findings referable to the right upper extremity and, as a result, no testing of the right upper extremity needs to be performed. Consequently, absent clinical documentation to support an EMG/NCV of the left and right upper extremities and a clinical indication for EMG/ nerve conduction velocity studies of the right upper extremity, EMGs/NCVs of the right upper and left upper extremities are not medically necessary.