

Case Number:	CM14-0203015		
Date Assigned:	12/15/2014	Date of Injury:	04/01/2012
Decision Date:	02/04/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

This is a 64 year old male who sustained a work related injury on April 1, 2012. The mechanism of injury was not provided. A progress report dated 4/17/14 notes that the injured worker complained of constant neck, low back and bilateral knee pain. His pain level was noted to be three out of ten on the Visual Analogue Scale with medications. He reported that after an epidural steroid injection, date and site unspecified, he had pain relief for two months. Diagnoses include cervical and lumbar spine herniated nucleus pulposus and right and left knee medical meniscal tears, per MRI studies done 10/15/14. Physical examination of the cervical spine showed tenderness to palpation over the right paraspinal area at cervical three through thoracic one levels. Range of motion was limited due to stiffness. Examination of the lumbar spine revealed tenderness to palpation over the midline, with limited range of motion due to pain. Kemps's test was positive bilaterally. Examination of the knees demonstrated stiffness of the joints. Current documentation dated 5/28/2014 notes that the injured worker had cervical, lumbar, bilateral knee and right elbow pain. The pain level was noted to be an average of six on the Visual Analogue Scale. Physical examination of the cervical and lumbar spine revealed decreased range of motion. Utilization Review documentation references a physician's report dated 10/29/2014. The document referenced was not submitted for this review. The treating physician requested an electromyography (EMG) and nerve conduction study (NCS) of the right and left upper extremities. Utilization Review evaluated and denied the requests on November 5, 2014. Utilization Review denied the requests for a right and left upper extremity EMG and NCV due to lack of objective findings on examination regarding evidence of neurologic dysfunction such as sensory, reflex or motor system change. In addition, the injured worker was not presented as having radiculopathy or peripheral neuropathy. Therefore, the requests for a right

and left upper extremity EMG and NCS study are not medically necessary. MTUS Guidelines, ACOEM Forearm, Wrist and Hand Complaints and the Official Disability Guidelines, Wrist & Hand and Neck & Upper Back were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand; Electrodiagnostic studies (EDS); ODG Neck and Upper Back, Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back-Electrodiagnostic studies (EDS).

Decision rationale: Electromyography (EMG) of the right upper extremity is not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The ODG states that electrodiagnostic testing should be medically indicated. The documentation does not indicate any evidence of sensory, motor, reflex changes or signs of entrapment/compression neuropathy in the upper extremities on physical exam that would necessitate an EMG of the right upper extremity. The request for EMG of the right upper extremity is not medically necessary.

NCS of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve Conduction Studies; ODG Forearm, Wrist, & Hand, Electrodiagnostic Studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178; 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back-Nerve conduction studies (NCS).

Decision rationale: Nerve conduction study (NCS) of left upper extremity is not medically necessary per the MTUS ACOEM Guidelines and the Official Disability Guidelines (ODG). The ODG states that there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The MTUS ACOEM states that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is

undertaken. The MTUS also states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation does not indicate any evidence of sensory, motor, reflex changes or signs of entrapment/compression neuropathy in the upper extremities on physical exam that would necessitate a NCS of the left upper extremity. The request for NCS of the left upper extremity is not medically necessary.

NCS of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Nerve Conduction Studies (NCS); ODG Forearm, Wrist, & Hand ' Electrodiagnostic Studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178; 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back- Nerve conduction studies (NCS).

Decision rationale: Nerve conduction study (NCS) of right upper extremity is not medically necessary per the MTUS ACOEM Guidelines and the Official Disability Guidelines (ODG). The ODG states that there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The MTUS ACOEM states that carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The MTUS also states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation does not indicate any evidence of sensory, motor, reflex changes or signs of entrapment/compression neuropathy in the upper extremities on physical exam that would necessitate a NCS of the right upper extremity. The request for NCS of the right upper extremity is not medically necessary.

EMG of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand; Electrodiagnostic studies (EDS); ODG Neck and Upper Back, Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back-Electrodiagnostic studies (EDS).

Decision rationale: Electromyography (EMG) of the left upper extremity is not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The ODG states that electrodiagnostic testing should be medically indicated. The documentation does not indicate any evidence of sensory, motor, reflex changes or signs of entrapment/compression neuropathy in the upper extremities on physical exam that would necessitate an EMG of the left upper extremity. The request for EMG of the left upper extremity is not medically necessary.