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| Case Number: | CM15-0105105 | | |
| Date Assigned: | 06/09/2015 | Date of Injury: | 04/11/2014 |
| Decision Date: | 07/21/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

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: New York
 Certification(s)/Specialty: Internal 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 53 year old female, who sustained an industrial injury on 4/11/14. The injured worker has complaints of neck pain; headache; pain in both shoulder and bilateral elbow pain; low back pain; right knee pain and chest wall pain. The documentation noted on examination pertaining to the upper extremities, range of motion at the cervical spine is painful at the end of range of motion for flexion, extension and lateral rotation and tenderness noted over cervical paraspinals and upper scapular muscles bilaterally and slight tenderness noted in the midline over spinous processes at C5-C6 level. The diagnoses have included contusion sternum chest wall; herniated lumbar disc with radiculitis/radiculopathy and right and left wrist strain/sprain. Treatment to date has included injections; physical therapy; chiropractor treatment and paroxetine. The request was for electromyography/nerve conduction study right and left upper extremity; epidural steroid injection at L4-L5 and epidural steroid injection L5-S1 (sacroiliac).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right upper extremity Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 13, 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with low back symptoms, lasting more than 3 to 4 weeks. The ODG further states that NCVs are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCVs when a patient is already presumed to have symptoms on the basis of radiculopathy. The Medical Records document Needle EMG exam of both Upper Extremities done on 05/20/2015. There is no rationale submitted why repeat exam is needed again. As per ODG (Electromyogram) EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker has symptoms of radiculopathy and no symptoms suggestive of a peripheral neuropathy. Therefore, the requested treatment Electromyogram (EMG)/Nerve Conduction Velocity (NCV), right upper extremity is not medically necessary.

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 13-, 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with low back symptoms, lasting more than 3 to 4 weeks. The ODG further states that NCVs are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCVs when a patient is already presumed to have symptoms on the basis of radiculopathy. The Medical Records document Needle EMG exam of both Upper Extremities done on 05/20/2015. There is no rationale submitted why repeat exam is needed again. As per ODG (Electromyogram) EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker has symptoms of radiculopathy and no symptoms suggestive of a peripheral neuropathy. Therefore, the requested treatment Electromyogram (EMG)/Nerve Conduction Velocity (NCV), left upper extremity is not medically necessary.

NCS right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 13, 33.

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with low back symptoms, lasting more than 3 to 4 weeks. The ODG further states that NCVs are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCVs when a patient is already presumed to have symptoms on the basis of radiculopathy. The Medical Records document Needle EMG exam of both Upper Extremities done on 05/20/2015. There is no rationale submitted why repeat exam is needed again. As per ODG (Electromyogram) EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker has symptoms of radiculopathy and no symptoms suggestive of a peripheral neuropathy. Therefore, the requested treatment Electromyogram (EMG)/Nerve Conduction Velocity (NCV), right upper extremity is not medically necessary.

NCS left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 13, 33.

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with low back symptoms, lasting more than 3 to 4 weeks. The ODG further states that NCVs are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCVs when a patient is already presumed to have symptoms on the basis of radiculopathy. The Medical Records document Needle EMG exam of both Upper Extremities done on 05/20/2015. There is no rationale submitted why repeat exam is needed. As per ODG (Electromyogram) EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker has symptoms of radiculopathy and no symptoms suggestive of a peripheral neuropathy. Therefore, the requested treatment Electromyogram (EMG)/Nerve Conduction Velocity (NCV), left upper extremity is not medically necessary.

Epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no documentation of corroboration of radiculopathy either by imaging studies or by clinical information. The requested treatment is not medically necessary.

Epidural steroid injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no documentation of corroboration of radiculopathy either by imaging studies or by clinical information. The requested treatment is not medically necessary.