MAXIMUS Federal Services

Case Number:	CM15-0138318		
Date Assigned:	07/28/2015	Date of Injury:	09/28/2011
Decision Date:	08/26/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/16/2015

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: California
Certification(s)/Specialty: Emergency 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 39 year old female who sustained an industrial injury on 09/28/2011. There was no mechanism of injury documented. The injured worker was diagnosed with cervical facet syndrome, cervical radiculopathy, cervical disc disorder, bilateral medial and lateral epicondylitis, lumbar facet syndrome, lumbar radiculopathy and lumbar degenerative disc disease. There were no surgical interventions or therapies documented to the cervical region. Treatment to date has included diagnostic Nerve Conduction Velocity (NCV) studies of the upper extremities on January 28, 2015 reported as normal, lumbar epidural steroid injection in February 2015, lumbar medial branch block L3, L4 and L5-S1, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on June 8, 2015, the injured worker continues to experience neck, lower back and bilateral hip pain. Examination of the cervical spine demonstrated restricted range of motion with flexion limited to 30 degrees due to pain, extension at 15 degrees, and bilateral lateral bending at 15 degrees each. The paravertebral and trapezius muscles were tender bilaterally. Deep tendon reflexes of the upper extremities were within normal limits. Motor examination revealed 4/5 at elbow extensors and flexors, wrist extensors and finger flexors bilaterally. Sensation to pinprick was normal in the left ring finger. Bilateral elbow tenderness to palpation was noted over the lateral and medial epicondyle. The bilateral wrists were tender to palpation over the anatomical snuffbox and first dorsal compartment with range of motion with palmer flexion limited at 30 degrees due to pain. Current medications are listed as Oxycodone, Ibuprofen, Gabapentin, Trazodone and Omeprazole. Treatment plan consists of continuing with medication regimen, home exercise

program, healthy diet, temporary total disability (TTD) until next appointment, follow-up with referrals and scheduled appointments and the current request for Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCVS Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182 and 272.

Decision rationale: EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. There is no change in physical exam. Patient already had a recent normal NCV done on 1/28/15. There is no rationale provided for requested test. NCV is not medically necessary. As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. Patient has imaging and exam findings consistent with radiculopathy and is being treated as such. There is no rationale about why testing is requested for a chronic condition. EMG is not medically necessary. EMG and NCV of bilateral upper extremities are not medically necessary.