

Case Number:	CM15-0138427		
Date Assigned:	07/28/2015	Date of Injury:	08/06/2014
Decision Date:	08/25/2015	UR Denial Date:	06/17/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33-year-old female who sustained an industrial injury on 08/06/14. Initial complaints include pain in her tailbone and head. Initial diagnoses are not available. Treatments to date include medications, physical therapy, trigger point injections, and a Pain medication consultation. Diagnostic studies include a MRI of the lower back and neck, which are not available for review in the submitted documentation. Current complaints include neck and lumbar spine pain. Current diagnoses include cervical and lumbar spine sprain and strain, C5-7 disc protrusion, cervical and lumbar spine radiculopathy. In a progress note dated 03/02/15 the treating provider reports the plan of care as a follow-up visit, base line labs and urine drug screen, medications including Tramadol and Tizanidine, as well as work restrictions, physical therapy, chiropractic care and acupuncture, and electrodiagnostic and nerve conduction studies of the bilateral upper and lower extremities. The requested treatments include electrodiagnostic and nerve conduction studies, due to complaints of numbness and tingling.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in August 2011 and is being treated for radiating neck and radiating low back pain. She has neck pain radiating into the left arm. Low back pain is radiating into both legs. When seen, there was decreased cervical spine range of motion with positive foraminal compression testing. The claimant's BMI was over 43. There was no neurological examination recorded. The claimant is right hand dominant. Electrodiagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There are no right sided symptoms. There is no documented neurological examination that would support the need for obtaining upper extremity EMG or NCS testing at this time. There would be no indication for testing of the asymptomatic right upper extremity. This request is not medically necessary.