

Case Number:	CM15-0146750		
Date Assigned:	08/07/2015	Date of Injury:	09/04/2012
Decision Date:	09/04/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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, Indiana, 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 30 year old female who sustained an industrial injury on 09-04-2012. Mechanism of injury was repetitive strain injury. Diagnoses include repetitive strain injury, lumbosacral disc injury, possible carpal tunnel syndrome-wrists, lumbar strain-sprain, myofascial pain syndrome, and bilateral wrist tendonitis and status post lumbosacral fusion surgery in November of 2014. Treatment to date has included diagnostic studies, medications, lumbar epidural injections, physical therapy, home exercises, status anterior exposure for L4-L5 discectomy and fusion on 11-17-2015, and status post anterior lumbar interbody fusion on 11-19-2014, and acupuncture and chiropractic services. She is not working. A physician progress note dated 07-07-2015 documents the injured worker complains of severe pain in the lower back, in the left leg, and her bilateral wrists. She uses a cane with ambulation, and for balance. On examination there is tenderness to palpation over the lumbosacral area and significant decreased range of motion. Straight leg raising is positive bilaterally. Sensation is decreased to light touch. Motor strength is also decreased on the right side as compared to the left side. There is tenderness to palpation over the bilateral wrists and elbow as well as medial epicondyles bilaterally. She has a positive Phalen's and Tinel's bilaterally. The treatment plan includes topical medications for scar formation with dark skin as it used to help decrease intense pigmentation, and she is to continue with acupuncture and home exercises. Treatment requested is for Electromyography left upper extremity, and Electromyography, right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography left upper extremity: 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 Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCS.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG of the left upper extremity is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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 already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are repetitive strain injury; lumbosacral disc injury; possible carpal tunnel syndrome, bilateral wrists; lumbar sprain strain; myofascial pain syndrome; bilateral wrist tendinitis; status post lumbosacral fusion surgery November 2014. Date of injury is September 4, 2012. Request authorization is July 7, 2015. The injured worker is status post lumbar fusion November 2014. According to a July 7, 2015 progress note, subjectively the injured worker complains of severe low back pain that radiates to the left leg. There are no complaints documented referencing the upper extremities. Objectively, there is tenderness to palpation. Sensory is decreased to light touch and motor is decreased, right greater than left. There is no quantification of the sensory and motor exam. There is a positive Phalen's and Tinel's sign. The treatment plan is to continue electro acupuncture. There is no clinical discussion or rationale for EMGs of the upper extremities. The injured worker has clinical evidence both subjectively and objectively of bilateral carpal tunnel syndrome, however EMGs are not indicated for carpal tunnel syndrome (candidates for surgery). Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines, lack of clinical discussion and rationale in the treatment plan for electrodiagnostic studies and guidelines non-recommendations for EMGs in the workup for carpal tunnel syndrome, EMG of the left upper extremity is not medically necessary.

Electromyography, right upper extremity: 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 Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCS.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG of the right upper extremity is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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 already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are repetitive strain injury; lumbosacral disc injury; possible carpal tunnel syndrome, bilateral wrists; lumbar sprain strain; myofascial pain syndrome; bilateral wrist tendinitis; status post lumbosacral fusion surgery November 2014. Date of injury is September 4, 2012. Request authorization is July 7, 2015. The injured worker is status post lumbar fusion November 2014. According to a July 7, 2015 progress note, subjectively the injured worker complains of severe low back pain that radiates to the left leg. There are no complaints documented referencing the upper extremities. Objectively, there is tenderness to palpation. Sensory is decreased to light touch and motor is decreased, right greater than left. There is no quantification of the sensory and motor exam. There is a positive Phalen's and Tinel's sign. The treatment plan is to continue electro acupuncture. There is no clinical discussion or rationale for EMGs of the upper extremities. The injured worker has clinical evidence both subjectively and objectively of bilateral carpal tunnel syndrome, however EMGs are not indicated for carpal tunnel syndrome (candidates for surgery). Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines, lack of clinical discussion and rationale in the treatment plan for electrodiagnostic studies and guidelines non-recommendations for EMGs in the workup for carpal tunnel syndrome, EMG of the right upper extremity is not medically necessary.