

Case Number:	CM15-0149586		
Date Assigned:	08/14/2015	Date of Injury:	05/01/2010
Decision Date:	09/11/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on 5-1-10. The injured worker has complaints of neck and low back pain and left wrist pain. The diagnoses have included anterior posterior cervical fusion and L3 to S1 (sacroiliac) disc herniations. Treatment to date has included therapy; injections; cervical magnetic resonance imaging (MRI) on 5-15-12 showed large left lateral disc herniation at C6-7 causing significant compression of C7 nerve root and tot eh right at c5-6 causing compression of exiting C6 nerve root and a smaller bulge at C3-4, C4-5; lumbar magnetic resonance imaging (MRI) showed persistent disc herniations at L4-5, L5-S1 (sacroiliac) with associated significant off of disc space T2 signal hyperintensity and disc space height, bilateral moderate foraminal stenosis and impingement of the exiting L5 and S1 (sacroiliac) nerve roots and electromyography shows bilateral carpal tunnel. The request was for electromyography/nerve conduction velocity study of the bilateral upper extremities. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-78.

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case there is sufficient evidence of neurologic abnormality and persistence, however, previous studies have been completed and operative intervention has already been achieved. Recent documents indicate that the patient is reaching maximum medical improvement, and recent records are hand-written and very difficult to decipher as to what clear value further electrodiagnostics will have in a case of known radiculopathy. Therefore, per the guidelines, the request for EMG/NCV is not considered medically necessary.