MAXIMUS Federal Services

Case Number:	CM15-0164085		
Date Assigned:	09/01/2015	Date of Injury:	04/01/2015
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 68-year-old male who sustained an industrial injury on April 1, 2015 resulting in upper and lower radiating back pain. Diagnoses have included bilateral cervical and lumbosacral strain with radiculopathy, lumbosacral facet syndrome, and myofascial pain syndrome. Documented treatment includes home exercise and medication including Naproxen, Neurontin and Flexeril. The injured worker continues to present with muscle spasms, and neck and low back pain which radiates down upper and lower extremities including intermittent numbness and tingling affecting hands and feet. The treating physician's plan of care includes electromyography and nerve conduction velocity studies of both the bilateral upper extremities, and lower extremities. Current work status as of July 28, 2015 was full time with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

One EMG/NCV (electromyography and nerve conduction velocity studies) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Electrodiagnostic Studies (EDS).

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

Decision rationale: This 68 year old male has complained of neck pain and low back pain since date of injury 4/1/2015. He has been treated with physical therapy and medications. The current request is for an EMG/NCV study of the bilateral upper extremities. There are no physical exam findings which support evidence of a neuropathy. On the basis of the available medical records and per the the MTUS guidelines cited above, EMG/NCV of the bilateral upper extremities is not indicated as medically necessary.

One electromyography and nerve conduction study of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome. Electrodiagnostic (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: This 68 year old male has complained of neck pain and low back pain since date of injury 4/1/2015. He has been treated with physical therapy and medications. The current request is for an EMG/NCV study of the bilateral lower extremities. The physical examination documents findings consistent with an obvious radiculopathy, obviating the need for an EMG/NCV. On the basis of the available medical records and per the MTUS guidelines cited above, EMG/NCV of the bilateral lower extremities is not indicated as medically necessary.