

Case Number:	CM15-0187488		
Date Assigned:	09/29/2015	Date of Injury:	01/29/2008
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/23/2015

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: 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 55 year old male, who sustained an industrial injury on 1-28-08. The injured worker was diagnosed as having bilateral ulnar nerve releases in 2008 and 2009, status post disc replacement at C5-6 and C6-7 in March 2012, chronic low back pain, left shoulder pain, and cervical revision surgery of disk replacement at C5-6 and C6-7 on 3-23-12. Treatment to date has included cervical spine surgery and medication including Norco, Cymbalta, and Trazodone. On 8-25-15 physical examination findings included tenderness to palpation of the cervical and lumbar spine. Decreased sensation was noted over the bilateral forearms and to the thighs and lower legs. The treating physician noted previous electromyography or nerve conduction studies obtained on February 2013 revealed persistent bilateral ulnar neuropathies with axonal loss. On 8-25-15, the injured worker complained of neck pain, back pain, and bilateral upper and lower extremity numbness and pain. On 9-2-15 the treating physician requested authorization for electromyography or nerve conduction velocity of bilateral upper extremities. On 9-8-15 the request was non-certified.

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: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015, Neck and Upper Back (Acute & Chronic) (updated 6/25/2015), Electromyography (EMG), Nerve Conduction Studies (NCV).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm and wrists/Electrodiagnostic studies.

Decision rationale: MTUS Guidelines does not address this issue in adequate detail. ODG Guidelines discuss the medical necessity for upper extremity testing and it is recommended when there are treatment issues dependent upon the results. This individual has had prior electrodiagnostic studies several years after incomplete success from ulnar release surgery X's 2. The request for the updated testing does not include clear medical rationale. The request appears to be at least in part due to communications with legal counsel and it is stated that there has been more pain, however this is not accompanied by any detailed objective recent changes. No changes in sensory or motor loss is documented. These studies cannot measure pain and repeat testing is not supported by adequate objective findings or documented diagnostic concerns. Under these circumstances, the request for the repeat EMG/NCV of the bilateral upper extremities is not supported by Guidelines and is not medically necessary.