

Case Number:	CM15-0192555		
Date Assigned:	10/06/2015	Date of Injury:	07/01/2012
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/30/2015

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

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 54 year old male, who sustained an industrial injury on 7-1-12. The documentation on 9-3-15 noted that the injured worker returns as part of ongoing care and treatment and he is frustrated nothing has been scheduled nor authorized. The injured worker indicates that he does have a court date on 9-9-15 and he is continuously frustrated and requesting medications. There is diffuse tenderness over the paracervical trapezius and scapular musculature with limited range of motion. Lumbar spine has pain and tenderness with limited range of motion. There is diminished L5 sensory deficit in the lower extremities, more pronounced on the right than the left. Straight leg raise bilaterally was positive. The diagnoses have included cervical spine discopathy status post cervical spine fusion; lumbar spine discopathy and lower extremity radiculitis. Treatment to date has included anti-inflammatory and analgesic medications. The original utilization review (9-18-15) denied the request for electromyography and nerve conduction velocity study for bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The most relevant attending physician report dated 9/3/15, fails to discuss the patient's current complaints. The report does provide a diagnosis of cervical spine discopathy status post cervical spine fusion, lumbar spine discopathy and lower extremity radiculitis. The current request for consideration is EMG/NCV for bilateral upper extremities. The 9/3/15 report discusses a request for lower extremity EMG/NCV to rule out radiculopathy versus plexopathy versus peripheral neuropathy. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the attending physician offers no justification for requesting EMG/NCV studies of the upper extremities. The diagnosis does not indicate cervical radiculitis or peripheral nerve entrapment. The clinical symptoms are not consistent with cervical radiculopathy or peripheral nerve entrapment of the upper extremities. There are no physical examination findings consistent with radiculopathy or peripheral nerve entrapment. As such, the medical records available for review do not support medical necessity for the request of an EMG/NCV of the upper extremities. The current request is not medically necessary.