

Case Number:	CM15-0199812		
Date Assigned:	10/15/2015	Date of Injury:	03/18/2015
Decision Date:	11/30/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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: Emergency 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 57 year old male with an industrial injury date of 03-17-2015. Medical record review indicate he is being treated for cervical, thoracic and lumbar spine strain with degenerative disc disease, rule out cervical and lumbar radiculopathy, rule out carpal tunnel syndrome and ulnar nerve entrapment neuropathy and bilateral shoulder subacromial impingement. Subjective complaints (07-07-2015) included low back pain rated as 8-9 out of 10, increased neck pain rated 8 out of 10 and right hand pain rated as 9 out of 10. Work status (07-07-2015) is documented as temporarily totally disabled. Prior treatment included "therapy which consisted of a form of ultrasound on his spine which aggravated pain," lumbar brace, physical therapy and medications. Prior diagnostics included MRI of cervical spine (05-14-2015) showing a 4 mm disc bulge and osteophyte with cord compression and foraminal narrowing at cervical 5- 6, 3 mm disc bulges and osteophyte with bilateral foraminal narrowing at cervical 6-7 and cervical 7- thoracic 1, 2-3 mm disc bulge at cervical 4-5, 2 mm disc bulges at cervical 2-3 and cervical 3-4 and a 2-3 mm disc bulge at thoracic 1-thoracic 2. Review of medical records does not indicate a prior electromyography or nerve conduction studies. Physical exam (07-07-2015) findings included decreased range of motion with muscle guarding and spasm present of cervical spine. Range of motion was decreased in bilateral shoulders. Neer's Impingement test was positive and Hawkins-Kennedy impingement was positive bilaterally. There was decreased range of motion of thoracic and lumbar spine. Sensory exam noted light touch was diminished globally in both hands. On 09-28-2015 the request for EMG (electromyography) and Nerve conduction studies (NCS) of the right upper extremity was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMGs (electromyography) and Nerve conduction studies (NCS) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic). EMGs (electromyography).

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

Decision rationale: EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat routine evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. There is documentation of decreased sensation and physical exam is not consistent with carpal tunnel syndrome or any nerve entrapment. Not medically necessary. As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. Patient has an MRI consistent with cord compression and has constant pain. There is no clear rationale about why testing is requested for a known condition. While there may be clinical indication for EMG in this patient with known cord compression, the lack of documentation does not support EMG. EMG is not medically necessary. EMG and NCV of right upper extremity is not medically necessary.