

Case Number:	CM15-0200474		
Date Assigned:	10/15/2015	Date of Injury:	05/23/2014
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts

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

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 69-year-old male, who sustained an industrial injury on 5-23-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain, lumbar radiculopathy, bilateral wrist tendinitis, and status post bilateral knee arthroscopies. On 8-27-2015, the injured worker reported emotional difficulties, sleeping difficulty, bilateral wrists, hands, and fingers pain with cramping, weakness, and loss of grip strength, and tingling in the hands and fingers. The injured worker reported continuous pain in the lower back, which radiated down into his legs and feet with muscle spasms. The single submitted Initial Orthopedic Evaluation of a Primary Treating Physician's report dated 8-27-2015 noted the injured worker had been provided "with extensive conservative treatment; however, he does continue to be symptomatic". The injured worker's current medications were noted to include vitamins. The physical examination was noted to show the injured worker with a normal gait, ambulating without assistive device, with lumbar tenderness and spasm in the paravertebral muscles but not the spinous process or the flank, and sciatic notch tender bilaterally. Decreased dermatomal sensation with pain was noted over the right S1 dermatome. The treatment plan was noted to include requests for neurodiagnostic studies of the bilateral upper extremities to rule out carpal tunnel syndrome and the bilateral lower extremities to evaluate the injured worker's radiculopathy, and a lumbar spine MRI, with topical ointment provided and request for a lumbar corset. The injured worker's work status was noted to be currently working. The request for authorization dated 9-17-2015, requested a MRI of lumbar spine without contrast and Electromyography/Nerve Conduction Velocity of bilateral lower extremities, bilateral upper

extremities. The Utilization Review (UR) dated 9-24-2015, certified the request for a MRI of lumbar spine without contrast and modified the request for Electromyography/Nerve Conduction Velocity of bilateral lower extremities, bilateral upper extremities, to certify Electromyography/Nerve Conduction Velocity of bilateral upper extremities and right lower extremity, and non-certify the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity of bilateral lower extremities, bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a cumulative, work injury with date of injury in May 2014 due to repetitive computer use. He was seen by the requesting provider on 08/27/15. He had complaints of bilateral wrist, hand, and finger pain with cramping, weakness, decreased grip strength, and tingling. He was having difficulty sleeping and was awakening with numbness, tingling, pain, and discomfort. He had low back pain radiating into the legs and feet. He was having muscle spasms. He was not having numbness or tingling. Physical examination findings included a normal upper extremity neurological exam. Tinel's tests were negative. Phalen's and reverse failing tests were positive bilaterally. He had spasms and pain with lumbar spine range of motion. There was a normal lower extremity neurological examination. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, the claimant has nocturnal symptoms and positive testing for carpal tunnel syndrome. Upper extremity electrodiagnostic testing is indicated. There is no documented neurological examination that would support the need for obtaining bilateral lower extremity EMG or NCS testing. This request for electrodiagnostic testing of all extremities is not medically necessary.