MAXIMUS Federal Services

Case Number:	CM15-0203497		
Date Assigned:	10/20/2015	Date of Injury:	10/01/2011
Decision Date:	12/22/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/15/2015

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: Connecticut, California, Virginia
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 55 year old female injured worker suffered an industrial injury on 10-1-2011. The diagnoses included cervical disc disease, rule out left sided cervical radiculopathy, lumbar pain, rule out right sided radiculopathy and bilateral mild to moderate median neuropathy. On 9-24-2015 the consultant provider reported neck pain with radiating symptoms on the left arm and back pain with radiating symptoms down the right arm. She completed a functional restoration program 10-2013 but symptoms returned. The upper electromyography studies on 11-4-2014 revealed bilateral mild to moderated medical neuropathy. On exam there was new numbness and tingling in the neck and felt as if it improved with physical therapy. The neck pain and stiffness radiated to the left arm with weakness and numbness affecting the entire arm to the forearm. She also reported bilateral hip and thoracic pain that radiated to the right hip and to the back of the leg with tightness. The electromyography studies on 9-24-2015 revealed bilateral moderate medical neuropathy. The provider noted there was evidence for S1 radiculopathy on the right. Prior treatment included Tramadol, Benzodiazepine 1 to 2 x a month, acupuncture and chiropractic therapy. Diagnostics included cervical magnetic resonance imaging 3-11-2015 and electromyography studies 11-4-2014. The Utilization Review on 10-1-2015 determined non-certification for Retrospective nerve conduction velocity (NCV) and electromyography studies of right and left upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective nerve conduction velocity (NCV) of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

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

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case there is not sufficient evidence of neurologic physical exam abnormalities differing from previous exams provided in the documents to warrant repeat electrodiagnostics. The studies show repetitive findings, and without clear information to indicate neurologic dysfunction that is evidential of need for repeat electrodiagnostics, the retrospective requests for these studies cannot be considered a medical requirement. Therefore, per the guidelines, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.

Retrospective nerve conduction velocity (NCV) of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

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

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case there is not sufficient evidence of neurologic physical exam abnormalities differing from previous exams provided in the documents to warrant repeat electrodiagnostics. The studies show repetitive findings, and without clear information to indicate neurologic dysfunction that is evidential of need for repeat electrodiagnostics, the retrospective requests for these studies cannot be considered a medical

requirement. Therefore, per the guidelines, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.

Retrospective electromyograph (EMG) of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

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

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case there is not sufficient evidence of neurologic physical exam abnormalities differing from previous exams provided in the documents to warrant repeat electrodiagnostics. The studies show repetitive findings, and without clear information to indicate neurologic dysfunction that is evidential of need for repeat electrodiagnostics, the retrospective requests for these studies cannot be considered a medical requirement. Therefore, per the guidelines, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.

Retrospective electromyograph (EMG) of left upper extremity: Upheld

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

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

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case there is not sufficient evidence of neurologic physical exam abnormalities differing from previous exams provided in the documents to warrant repeat electrodiagnostics. The studies show repetitive findings, and without clear information to indicate neurologic dysfunction that is evidential of need for repeat electrodiagnostics, the retrospective requests for these studies cannot be considered a medical

requirement. Therefore, per the guidelines, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.