

Case Number:	CM15-0203902		
Date Assigned:	10/20/2015	Date of Injury:	07/09/2012
Decision Date:	12/02/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 female, who sustained an industrial injury on 07-09-2012. The injured worker is currently working full duty. Medical records indicated that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome status post surgical release (9/26/13- right and 3/4/14-left) with left sided residual, lumbar facet syndrome, lumbar spondylosis, chronic low back pain, lumbar degenerative disc disease, and lumbar radiculitis. Treatment and diagnostics to date has included left upper extremity MRI, physical therapy, home exercise program, and medications. Recent medications have included Gabapentin, Flexeril, Motrin, and Tylenol #3. Subjective data (08-31-2015) included left hand numbness with radiation to left elbow. Objective findings (08-31-2015) included positive Phalen's to left upper extremity. The request for authorization dated 09-14-2015 requested EMG-NCV (electromyography-nerve conduction velocity studies). The Utilization Review with a decision date of 09-21-2015 non-certified the request for EMG left upper extremity and NCV left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." Surgery should not be performed until the diagnosis of CTS is made by history, physical examination and possible electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis, however the benefit from these injections although good is short-lived. Surgical decompression of the median nerve usually has a high rate of long-term success in relieving symptoms, with many studies showing success in over 90% of patients where the diagnosis of CTS has been confirmed by electrodiagnostic testing. ODG recommends that NCS should be done to support the diagnosis of CTS prior to surgery in worker's compensation cases. If an individual has appropriate responses to treatment (i.e. injections, modification of activities, meds) but still has symptoms with normal NCS, surgery may be appropriate on a case-by-case basis and reasonable documentation by the treating physician. In this case, there is evidence of a positive Phalen's test, indicative of carpal tunnel syndrome in the cited records from 8/31/15. However, there is no documentation supporting subjective symptoms consistent with carpal tunnel syndrome, there is no description of a median nerve distribution of numbness and there is no documented response to a corticosteroid injection into the carpal tunnel. Therefore, the request is not medically necessary.

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: Per the CA MTUS/ACOEM Guidelines Low Back Complaints, page 303-304 regarding electrodiagnostic testing, it states:"Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. Table 12-8 recommends against EMG for clinically obvious radiculopathy. According to the ODG-TWC low back section, EMGs are recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In this particular patient, there is no indication of criteria for electrodiagnostic studies based upon physician documentation or

physical examination findings. There is clear documentation of lumbar radiculopathy from the cited records and exam note from and the exam note from 9/15/15. Objective findings include a positive straight leg raise on the left with decreased sensation on the left foot. The MRI of the lumbar spine from 2/19/13 demonstrates severe stenosis at L4-5, which correlates with the injured workers symptoms. An EMG would not offer any new information at this point. Therefore, the request of the electrodiagnostic studies is not medically necessary.