

Case Number:	CM15-0206212		
Date Assigned:	10/23/2015	Date of Injury:	03/01/2005
Decision Date:	12/04/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial injury on 3-01-2005. The injured worker was diagnosed as having cervical sprain/strain, lumbosacral sprain/strain, carpal tunnel syndrome, depression, and shoulder tendinitis. Treatment to date has included diagnostics, wrist supports, physical therapy, chiropractic, and medications. On 9-22-2015, the injured worker complains of persistent low back pain, inability to push off left leg, and weight bearing on left leg causes right hip pain. Pain was "intense and very difficult to bear". Subjective complaints regarding the left upper extremity were not documented on 9-22-2015. Objective findings noted tenderness to palpation of the lumbar spine and antalgic left leg weight bearing. Physical exam of the left upper extremity was not documented on 9-22-2015. She was prescribed Gralise and Nucynta. Work status was permanent and stationary and she remained off work. Per the Request for Authorization dated 9-22-2015, the treatment plan included electromyogram and nerve conduction studies of the left upper extremity, non-certified by Utilization Review on 10-08-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient EMG/NCS of the left upper extremity: Upheld

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

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

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. An EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, there was no exam performed or imaging to determine the symptoms or need for the EMG/NCV. There was no indication for the request based on the injury. As a result the request is not justified and not medically necessary.