

Case Number:	CM15-0021547		
Date Assigned:	02/11/2015	Date of Injury:	10/01/2014
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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 62 year old female, who sustained an industrial injury on 10/1/14. She has reported back injury. The diagnoses have included left knee strain, lumbar strain, carpal tunnel syndrome, sprain/strain of lumbar spine, sprain/strain of thoracic spine and left wrist strain. Treatment to date has included physical therapy, medications, brace and activity restrictions. Currently, the injured worker complains of pain, weakness, stiffness of left back. Physical exam dated 1/21/15 revealed pain, tenderness and swelling of upper and lower back with decreased range of motion. On 1/28/15 Utilization Review non-certified (EMG) Electromyogram/ (NCS) Nerve Conduction Studies of cervical spine and fingertips, lower back, left knee, left wrist and right hand, noting there is no examination finding in the bilateral upper extremity addressing any motor or sensory or reflex abnormality, no reference is made subjectively about any neuropathy or radiculopathy for which (EMG) Electromyogram/Nerve Conduction Studies testing is indicated. The MTUS, ACOEM Guidelines, was cited. On 2/4/15, the injured worker submitted an application for IMR for review of (EMG) Electromyogram/(NCS) Nerve Conduction Studies of cervical spine and fingertips, lower back, left knee, left wrist and right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS for the Cervical Spine and Fingertips: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the guidelines, electrodiagnostic studies are not recommended when history, physical and imaging for diagnosing nerve root involvement. It is recommended to clarify nerve root dysfunction. In this case, the exam findings do not indicate nerve root involvement. The examination and provider notes do not indicate neuropathic findings or subjective complaints. The request for an EMG/NCV is not justified and not medically necessary.