MAXIMUS Federal Services

Case Number:	CM15-0027570		
Date Assigned:	02/19/2015	Date of Injury:	10/08/2010
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/12/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 53 year old female who sustained an industrial injury when an autistic student pulled the individual to the ground on October 8, 2010. The injured worker was diagnosed with cervical discopathy and radiculopathy, cervicogenic headaches, lumbar radiculitis, degenerative joint disease and impingement syndrome right shoulder. A recent cervical magnetic resonance imaging (MRI) was performed on May 28, 2014 which noted it was unchanged from a prior study at levels C4-5, C5-6 and C6-7. According to the most recent primary treating physician's progress report in this review on November 7, 2014, the injured worker was re-valuated for right lower extremity pain and increased swelling of the right foot with contractures of the toes. According to Utilization Review determination a report dated December 15, 2014 from the treating physician documented that the injured worker continues to experience neck pain which radiates to the right shoulder with numbness and tingling of the right hand and low back pain with radiation to the right leg and foot. She also reports headaches. Current medications consist of Gabapentin, Zanaflex, Hydrocodone, Fiorinal, Lorazepam, and Soma obtained from several physicians. A urine screen test performed in November 2014 was demonstrated to be inconsistent with medications prescribed. Treatment modalities consisted of physical therapy, acupuncture therapy, lumbosacral brace, and trigger point injections to 5th metatarsal head, right lower leg and right rhomboid (administered November 7, 2104). The treating physician requested authorization for Electromyography (EMG) Nerve Conduction Velocity Studies (NCV) of the bilateral upper extremities. An Electromyography (EMG) of the right upper extremity only was authorized as a separate request with this determination. On

January 14, 2015 the Utilization Review denied certification for Electromyography (EMG) Nerve Conduction Velocity Studies (NCV) of the bilateral upper extremities. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograghy of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, EMG

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. No conduction studies are 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-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are ruled out right upper extremity brachial plexopathy; lumbar radiculitis; impingement syndrome right shoulder; intervertebral disc disorder cervical; inter-vertebral disc disorder lumbar; instability, cervical; cervical radiculopathy; degenerative joint disease; and headache cervicogenic; insomnia. A progress note dated December 18, 2014 from the primary treating/requesting physician for the EMG indication is missing from the medical record. Documentation from the pain management specialist dated November 7, 2014 contains the following subjective and objective findings. Subjectively, there are no complaints of radiculopathy or pain involving the upper extremities. Objectively, there are no physical findings referable to the upper extremities. The diagnoses appear to reference a right upper extremity brachial plexopathy. EMG of the right upper extremity is medically necessary. There are no clinical symptoms affecting the left upper extremity. Consequently, absent clinical documentation with a clinical indication and rationale for an EMG of the left upper extremity (bilateral upper extremities), EMG of the bilateral upper extremities is not medically necessary.