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| Case Number: | CM15-0221578 | | |
| Date Assigned: | 11/17/2015 | Date of Injury: | 05/11/2015 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 10/21/2015 |
| Priority: | Standard | Application Received: | 11/11/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30 year old male, who sustained an industrial injury on 05-11-2015. A review of the medical records indicates that the worker is undergoing treatment for cervical, thoracic and lumbar sprain and bilateral wrist and hand sprain. Treatment has included Nabumetone, Acetaminophen, Orphenadrine, Cyclobenzaprine, Naproxen, application of heat and cold and at least 6 sessions of physical therapy. During an initial orthopedic evaluation on 06-11-2015, subjective complaints included back pain that was rated as 10 out of 10 radiating to the bilateral lower extremities, occasional neck pain rated as 5 out of 10 with a pinching sensation radiating to the bilateral underarms and pain in the hands and fingers with tightness and numbness with decreased grip strength and inability to make a full fist. Neck pain was noted to have improved since the initial injury. X-rays of the cervical spine, wrists and hands were noted to show no evidence of acute bony injuries or fractures. The plan of care included physical therapy. On 07-24-2015, the worker was noted to have an improvement in symptoms with neck, low back and bilateral hand pain rated as 6 out of 10. The plan of care included continued physical therapy. Subjective complaints (08-28-2015) included increased numbness and tingling in the legs as well as "essentially a dead arm sensation in the right upper extremity." Physical therapy was noted to provide good relief of pain but relief was noted to be temporary. Objective findings (06-11-2015, 07-24-2015 and 08-28-2015) included diffuse tenderness of C4-C7 as well as upper trapezius, and upper, middle and lower rhomboids and lumbar paraspinal areas L1-S1 and pain to palpation of the bilateral wrists. The physician noted concern for the progression of symptoms that the worker was describing including numbness, tingling and episodic periods of

weakness and shooting pain from the neck into the arms and from the lower back into the legs which the physician noted sounded neuropathic. An electromyography (EMG)-nerve conduction study (NCS) of the bilateral upper and lower extremities was noted as being requested as well as an MRI of the cervical and lumbar spine. There is no documentation of any prior EMG-NCV studies. A utilization review dated 10-21-2015 non-certified a request for electromyography (EMG) and nerve conduction studies (NCS) of upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction studies (NCS) of upper extremities:

Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in May 2015 when he was pinned under a billboard he was installing while using a cherry picker. When seen, he had completed 6 sessions of physical therapy with good but temporary relief only during treatments. He was having more profound numbness and tingling in the legs and a dead arm sensation in the right upper extremity. There was diffuse tenderness throughout the spine and at the superior iliac crest. Tinel and Phalen tests were negative. There was pain with palpation over the wrist and thenar eminence bilaterally. There was a normal neurological examination including gait. Straight leg raising was to 80 degrees bilaterally. Physical therapy was stopped. MRI scans of the cervical and lumbar spine and electrodiagnostic of bilateral upper extremities and lower extremities were requested. The claimant has a negative past medical history. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination that would support the need for obtaining bilateral upper extremity EMG or NCS testing at this time. There is no metabolic pathology with a suspected neuropathy secondary to diabetes or thyroid disease or history of alcohol abuse. This request is not medically necessary.