

Case Number:	CM15-0225125		
Date Assigned:	11/23/2015	Date of Injury:	11/29/2010
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/17/2015

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: New Jersey

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 56-year-old female who sustained an industrial injury on December 01, 2015. The worker is being treated for: status post carpal tunnel release, right 2012, CTS left hand with EMG findings positive; internal derangement of right wrist, lateral epicondylitis right elbow, right shoulder tenosynovitis, herniated cervical and lumbar discs, insomnia, gastritis, anxiety and depression. Subjective: July 20, 2015 she reported complaint of lumbar spine pain that radiates into the legs with tingling, numbness and burning. There is also complaint of right shoulder, right hand and wrist pain that also radiates to the fingers. In addition, she reported gastritis, difficulty sleeping, headaches and symptoms of anxiety and depression. Objective: July 20, 2015 noted the lumbar spine tenderness to palpation with spasms present at the paraspinals. There is note of hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L5, S1 dermatome distribution. SLR noted positive at 75 degrees bilaterally and weakness in the big toe dorsiflexor and plantar flexor bilaterally. Diagnostic: MRI right shoulder, left elbow, right wrist, cervical spine, 2011; UDS August 2015. Treatment: February 2015 noted 1st injection administered. July 2015 POC authorized for 2nd lumbar steroid injection pending scheduling, preoperative labs, acupuncture treatment. On October 27, 2015, a request was made for bilateral upper and lower extremities EMG NRV conduction testing that modified by Utilization Review on November 02, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral upper and lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, and Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for arm) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. The MTUS ACOEM Guidelines also state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, recent notes suggest a possible need for nerve testing of the lower extremities as these were examined and sensory changes and weakness was noted. Regarding testing of the upper extremities, there was insufficient findings to warrant follow-up nerve testing of the upper extremities. Therefore, this request in total will be considered medically unnecessary.