

Case Number:	CM15-0043657		
Date Assigned:	03/13/2015	Date of Injury:	04/30/1997
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female, who sustained an industrial injury on 4/30/97. She has reported low back injury caused from her sitting position at work. The diagnoses have included cervical disc herniation, lumbar disc herniation, cervicgia and low back pain. Treatment to date has included medications, physical therapy, diagnostics, Transcutaneous Electrical Nerve Stimulation (TENS) and Home Exercise Program (HEP). Currently, as per the physician progress note dated 1/30/15, the injured worker complains of neck and back pain with radiation of pain to the right leg. It was noted that she has trouble walking and occasionally uses a cane or walker for support. The current pain medications included Naproxen, Acetaminophen, and Terocin with Lidocaine lotion and Medrox patch. Physical exam of the cervical spine revealed decreased range of motion with flexion, extension and axial rotation. The lumbar spine exam revealed intermittent spasms, limited range of motion with flexion and extension, and decreased motor function in the affected areas. The Treatment Plan included medications, EMG/NCV of the upper extremity, and a course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the upper extremity with consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official disability guidelines, Low back chapter, EMG studies & nerve conduction velocities (NCV).

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/lower extremities. The patient is s/p left carpal tunnel release in 2005 or 2006. The request is for EMG/NCV OF THE UPPER EXTREMITY WITH CONSULT. Per 01/30/15 progress report, cervical examination shows decreased range of cervical motion, paraspinal tenderness, no motor deficits on upper extremity, and intact sensation in all dermatomal distributions. The patient is currently not working. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies "EDS--may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electro-diagnostic testing includes testing for nerve conduction velocities (NCV) and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. ACOEM guidelines Ch11 page 262 states that "tests may be repeated later in the course of treatment if symptoms persist." In this case, the treater does not explain why another EMG/NCV of the upper extremity are being asked for. The previous EMG/NCS of bilateral upper extremities from 09/24/14 reveal slight carpal tunnel syndrome on right, otherwise within normal limits. There is no new injury and no significant progression of neurologic findings, and no new symptoms. Repeat study does not appear indicated. The request IS NOT medically necessary.