

Case Number:	CM15-0046854		
Date Assigned:	03/19/2015	Date of Injury:	07/08/2013
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/12/2015

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

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 51-year-old male, who sustained a work/ industrial injury on 7/8/13. He has reported initial symptoms of neck, back, and lumbar pain. The injured worker was diagnosed as having cervical sprain, paresthesia of hands, thoracic sprain, lumbar sprain, underlying lumbar spondylosis and facet mediated pain. Treatments to date included medication, diagnostics, and pain medicine consult, and braces. Currently, the injured worker complains of bilateral numbness and paresthesias. The treating physician's report (PR-2) from 2-9-15 indicated suspect bilateral carpal syndrome. Medications included Naproxen, Orphenadrine citrate, and Acetaminophen ES. Treatment plan included EMG/NCS Bilateral Upper Extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral Upper Extremity: Overturned

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): 260-262. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Electro diagnostic Studies Nerve conduction studies (NCS).

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper extremity. The request is for EMG/NCV OF THE BILATERAL UPPER EXTREMITY. Per 02/09/15 progress report, one of diagnoses is bilateral upper extremity paresthesias, suspect bilateral carpal tunnel syndrome. Work status is not known. 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 "tests may be repeated later in the course of treatment if symptoms persist." In this case, there is no documentation that patient has had prior EMG/NCV studies. The patient has kept reporting constant pain and radiating symptoms in her upper extremity. Examination of upper extremity on 02/09/15 shows "decreased sensation in distal median nerve, left greater than right." Given that the patient has not had this test performed in the past and the patient is continuing radiating symptoms in her upper extremity and clinical findings, the request IS medically necessary.