MAXIMUS Federal Services

Case Number:	CM15-0048779		
Date Assigned:	03/20/2015	Date of Injury:	04/17/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 42 year old female, who sustained an industrial injury on 04/17/2014. She has reported injury to the back, shoulder, and bilateral upper extremities. The diagnoses have included cervical radiculopathy; shoulder pain; myalgia/myositis-multiple; lumbago; and lumbar spinal stenosis. Treatment to date has included medications, physical therapy, and lumbar medical branch block. A progress report from the treating provider, dated 03/02/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of moderate to severe back pain radiates to the left arm, right arm, left thigh, and right thigh; and has had 50% reduction in reference pain from recent lumbar medial branch block. Objective findings included maximum tenderness to the right shoulder, left shoulder, right arm, left arm, pericervical, spinous process, and trapezius; left shoulder tingling; and decreased bilateral upper extremity sensation and painful range of motion. The treatment plan included consultation and diagnostic studies. The current request is for Physical Medicine and Rehab; and for EMG/NCV Bilateral Upper Extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine and Rehab: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." (page 178) EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179).There is no documentation of peripheral nerve damage, cervical radiculopathy and entrapment neuropathy that requires electro diagnostic testing. There is no documentation of significant change in the patient condition. There is no clear justification for physical medicine and rehabilitation evaluation for an electro diagnostic testing. Therefore, the request for Physical Medicine and Rehab is not medically necessary

EMG/NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." (page 178) EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179).There is no documentation of peripheral nerve damage, cervical radiculopathy and entrapment neuropathy that requires electro diagnostic testing. There is no documentation of significant change in the patient condition. Therefore, the request for EMG/NCV Bilateral Upper Extremities is not medically necessary