

Case Number:	CM15-0058285		
Date Assigned:	04/03/2015	Date of Injury:	10/14/2011
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/26/2015

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: Emergency 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 55 year old male injured worker suffered an industrial injury on 10/14/2011. The diagnoses included cervical and lumbar spine herniated nucleus pulposus. The diagnostics included electromyographic studies/nerve conduction velocity studies of the lower extremities, magnetic resonance imaging of the both shoulders and cervical and lumbar spine. The injured worker had been treated with medications. On 2/23/2015 the treating provider reported continued pain in the neck and shoulder with numbness and tingling into the upper extremities with headaches. Objective exam of neck shows diffuse pan neck pain and spasms with limited range of motion with decreased C8 dermatome sensation bilaterally. There is diffuse non-specific 4/5 weakness. Review of records show exactly the same exam for at least 6months. There was lower back pain that radiated to both legs with numbness and tingling along with occasional weakness. The treatment plan included EMG/NCV of UE.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of UE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182 and 272.

Decision rationale: EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. There is no change in physical exam. Exam is not consistent with carpal tunnel syndrome. There is no rationale provided for requested test. NCV is not medically necessary. As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. Patient has chronic weakness and deficits noted and MRIs that show disc bulge and obvious radiculopathy. There is no exam or signs changed for months. There is no rationale about why testing is requested for a chronic condition. EMG is not medically necessary. EMG and NCV of bilateral upper extremities are not medically necessary.