MAXIMUS Federal Services

Case Number:	CM15-0087261		
Date Assigned:	05/11/2015	Date of Injury:	12/29/2006
Decision Date:	06/29/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/06/2015

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: Preventive Medicine, Occupational 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 year old female, who sustained an industrial injury on December 29, 2006, incurring low back injuries. She was diagnosed with lumbar disc herniation with severe canal and foraminal stenosis, cervical degenerative disc disease and peripheral vascular disease. She underwent a bilateral lumbosacral laminectomy and fusion in August, 2009. Treatment included opioids, topical analgesics, and diagnostic imaging and Electromyography/Nerve Conduction Velocity studies. Currently, the injured worker complained of ongoing pain to the lumbar and cervical spine with radiculopathy in the bilateral upper extremities that was a 10/10 pain scale. The treatment plan that was requested for authorization included Electromyography of the left upper extremity, Nerve Conduction Velocity of the left upper extremity, Electromyography of the right upper extremity and Nerve Conduction Velocity of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised

2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back, Electromyograph, Nerve conduction studies, Shoulder, Electrodiagnostic testing for TSO, Elbow, Tests for cubital tunnel syndrome, Forearm Wrist & Hand, Electrodiagnostic studies, Electromyography, Nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Although the injured worker complains of subjective radiculopathy, there is no documentation of an objective exam of the neck or bilateral upper extremities that corroborated a diagnosis of radiculopathy. The request for Electromyography (EMG) of the left upper extremity is determined to not be medically necessary.

Nerve conduction velocity (NCV) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back, Electromyograph, Nerve conduction studies, Shoulder, Electrodiagnostic testing for TSO, Elbow, Tests for cubital tunnel syndrome, Forearm Wrist & Hand, Electrodiagnostic studies, Electromyography, Nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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Electromyography (EMG) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised

2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back, Electromyograph, Nerve conduction studies, Shoulder, Electrodiagnostic testing for TSO, Elbow, Tests for cubital tunnel syndrome, Forearm Wrist & Hand, Electrodiagnostic studies, Electromyography, Nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Although the injured worker complains of subjective radiculopathy, there is no documentation of an objective exam of the neck or bilateral upper extremities that corroborated a diagnosis of radiculopathy. The request for Electromyography (EMG) of the right upper extremity is determined to not be medically necessary.

Nerve conduction velocity (NCV) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back, Electromyograph, Nerve conduction studies, Shoulder, Electrodiagnostic testing for TSO, Elbow, Tests for cubital tunnel syndrome, Forearm Wrist & Hand, Electrodiagnostic studies, Electromyography, Nerve conduction studies.

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