

Case Number:	CM14-0131690		
Date Assigned:	08/20/2014	Date of Injury:	05/17/2011
Decision Date:	09/22/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65 years old female with an injury date on 05/17/2011. Based on the 07/22/2014 progress report provided by [REDACTED], the diagnoses are sprain/strain, lumbar; displacement of lumbar intervertebral disc without myelopathy, shooting pain down b/l lower extremities; facet syndrome, lumbar; spasm of muscle, lumbar and pelvis; myalgia and myositis, lumbar, sacrum, and lower extremity; carpal tunnel syndrome, bilaterally as well as de Quervain's syndrome bilaterally with progression and worsening; lumbar or lumbosacral neuritis or radiculitis, lumbar; sprain/strain, knee, internal derangement of the knee bilaterally due to limping, and low back pain; tension type headache, and occipital neuralgia. According to this report, the patient complains of headaches, bilateral hand pain, left hamstring pain, left buttock pain and low back pain. The patient also notices bilateral knee pain that started about 2 months ago. The hands pains are rated as an 8/10 that are aching, throbbing, numbing, and tingling. Lifting, grasping, pulling and pushing would aggravate the pain and relieved with medications. Tenderness, muscle tension and muscle hypertonicity was noted at both hands. Ranges of motion of the wrists are mildly reduced with pain. Tinels, Phalen's and Finkelstein's test were positive. Decreased sensation of C5 and C6 dermatomes were noted on the right. Per the provider, the patient has had "EMG/NCV of the bilateral upper extremities which was negative for CT." The report was not provided in the file, date of the procedure is unknown. There were no other significant findings noted on this report. The utilization review denied the request on 07/29/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/24/2014 to 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS (electromyography and nerve conduction studies) of the left upper extremity:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: According to the 07/22/2014 report by [REDACTED] this patient presents with headaches, bilateral hand pain, left hamstring pain, left buttock pain and low back pain. The provider is requesting a repeat EMG/NCS of the right upper extremity. Regarding repeat EMG/NCV, ACOEM states "If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, given the patient persistent hands pain, the requested repeat studies appear reasonable and consistent with guidelines. Therefore, this request is medically necessary.

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