

Case Number:	CM14-0137105		
Date Assigned:	09/05/2014	Date of Injury:	05/20/2014
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine, and is licensed to practice in California and Illinois. 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 injured worker is a 50-year-old male with a reported date of injury of 05/20/2014. The mechanism of injury was a fall. The injured worker's diagnosis included backache unspecified. The injured worker's past treatments included epidural steroids injections, acupuncture, chiropractic therapy, and a TENS unit. An MRI of the lumbar spine performed on 04/29/2014 was noted to reveal degenerative joint disease at L3 and L4 with disc bulge and neural foraminal stenosis with facet arthropathy. The injured worker's surgical history included 2 right shoulder rotator cuff repairs performed in 02/2011 and in 10/2013. The subjective complaints on 07/15/2014 included pain in the neck, upper back, mid back, low back, and right shoulder. The pain is frequent and rated at 8/10. The physical examination of the lumbar spine revealed restricted range of motion, tenderness to palpation, and spasms. The straight leg raise test was also positive on the right in the supine position. The sensory examination revealed normal touch, pain, temperature, and deep pressure sensation. The reflexes in both upper and lower extremities responded normally to reflex examination. The current medications include ibuprofen, temazepam, and Effexor. The treatment plan was not provided in the records. A request was received for needle electromyography to extremities and motor nerve conduction study of the upper extremities. The rationale for the request was not provided. The Request for Authorization Form was not provided with the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEEDLE ELCTROMYOGRAPHY 2 EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for Needle Electromyography 2 Extremities is not medically necessary. According to the California MTUS/ACOEM Guidelines electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck and/or arm symptoms, lasting more than three or four weeks. The patient has chronic back pain. However, there were no significant neurological deficits documented on the physical examination such as decreased sensation in a dermatomal distribution, weakness in a myotomal distribution, or diminished deep tendon reflexes. In the absence of neurological deficits suggestive of radiculopathy, the request is not supported. As such, the request for Needle Electromyography 2 Extremities is not medically necessary.

MOTOR NERVE CONDUCTION STUDY OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Nerve conduction studies (NCS).

Decision rationale: The request for MOTOR NERVE CONDUCTION STUDY OF THE UPPER EXTREMITIES is not medically necessary. According to the California MTUS/ACOEM Guidelines electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck and/or arm symptoms, lasting more than three or four weeks. The Official Disability Guidelines state nerve conduction studies are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. As nerve conduction studies are not supported by the guidelines to identify radiculopathy, the request is not supported. As such, the request is for Motor Nerve Conduction Study Of The Upper Extremities not medically necessary.

SENSORY NERVE CONDUCTION STUDY OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The request for Sensory Nerve Conduction Study Of The Upper Extremities is not medically necessary. According to the California MTUS/ACOEM Guidelines electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck and/or arm symptoms, lasting more than three or four weeks. The Official Disability Guidelines state nerve conduction studies are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. As nerve conduction studies are not supported by the guidelines to identify radiculopathy, the request is not supported. As such, the request for Sensory Nerve Conduction Study Of The Upper Extremities is not medically necessary.