MAXIMUS Federal Services

Case Number:	CM14-0143066		
Date Assigned:	09/10/2014	Date of Injury:	06/24/2010
Decision Date:	10/28/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/04/2014

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 Family Practice, 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:

40 yr. old female claimant sustained a work injury on 6/24/10 involving the low back and neck. She was diagnosed with cervical radiculopathy, upper extremity radiculitis, lumbar spine discopathy and lower extremity radiculitis. A progress note on 6/11/14 indicated the claimant had near normal range of motion of the neck with decreased sensation at C5 bilaterally and C6 on the left. The lumbar spine was tender to palpation with reduced range of motion. Sitting and straight leg raise testing was positive. The claimant had an MRI of the cervical and lumbar spine in May 2014 showing foraminal narrowing of C5-C6, stenosis at C7, C4-C5 disc protrusion and L4-L5 neuroforaminal narrowing. An EMG was also done previously in 2012 indicating normal NCV. The physician requested an EMG/NCV of the upper extremities to rule our radiculopathy vs. plexopathy vs. neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram/Nerve Conduction Study Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ODG (LOW BACK)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation According to the ACOEM

guidelines, an EMG is not recommended for diagnosis of nerve root involvement, if findings, of history and physical exam and imaging are consistent. It is recommended for suspected disk herniation preoperatively. In this case, there was no plan for surgery. Exam and complaints were consistent with MRI. The request for an EMG is not medically necessary. According to the guidelines, an NCV is not recommended to demonstrate radicul

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for diagnosis of nerve root involvement, if findings, of history and physical exam and imaging are consistent. It is recommended for suspected disk herniation preoperatively.In this case, there was no plan for surgery. Exam and complaints were consistent with MRI. The request for an EMG is not medically necessary. According to the guidelines, an NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam.In this case, complaints were consistent with MRI findings and exam. The claimant had a prior normal NCV. The request for another NCV of the upper extremity is not medically necessary.