Case Number:	CM14-0143648		
Date Assigned:	09/12/2014	Date of Injury:	07/24/2013
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
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 Medicine 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:

This is a 57-year-old female who reported an industrial injury on 7/24/2013, 14 months ago, attributed to the performance of her usual and customary job tasks reported as turning a heavy window frame when she experienced pain in her abdomen and back. The patient complained of neck pain; thoracic pain; lumbar spine pain; bilateral shoulder pain; right elbow pain; bilateral wrist pain; bilateral knee pain; and bilateral feet pain. The objective findings on examination were limited to tenderness to palpation and painful range of motion. The treatment plan included physical therapy; ultrasound of the abdomen; internal medicine consultation; ENT consultation; vascular surgery consultation; a functional capacity evaluation; compounded topical analgesics. The patient was ordered bilateral upper extremity Electromyogram (EMG) and Nerve Conduction Velocity (NCV) studies and bilateral lower 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 Bilateral Upper Extremities/Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand

Decision rationale: The request for the authorization of the Electromyogram (EMG) and Nerve Conduction Velocity (NCV) Studies of the bilateral upper extremities is not supported with sufficient objective clinical findings that would contribute to the future treatment plan of the patient and is not supported by any changes in objective findings documented on examination. There are no documented progressive neurological deficits to support the medical necessity of electrodiagnostic studies. The evaluation to rule out a peripheral nerve entrapment or cervical radiculopathy is not supported with the documented objective findings documented on examination. There is no demonstrated medical necessity for the requested Electrodiagnostic studies without the failure of conservative treatment. There are no objective or subjective findings documented that require immediate Electrodiagnostic studies as no surgical intervention is contemplated and the patient has not failed injections and home exercise home exercise program (HEP). The Electrodiagnostic studies were ordered as a screening study with no nexus to the cited mechanism of injury. There are no documented changes in the neurological status of the patient that would require Electrodiagnostic studies. The clinical narrative documented that the electrodiagnostic studies were ordered as screening studies. There is no demonstrated medical necessity for the requested EMG/NCS screening examination. The provider has documented no objective findings on examination to be further evaluated with Electrodiagnostic studies prior to the provision of conservative treatment. There are subjective findings; however, there are no significant neurological deficits documented that require electrodiagnostic studies. The electrodiagnostic test is ordered as a screening test. There is no contemplated surgical intervention for a cervical radiculopathy or peripheral nerve entrapment neuropathy. There is no demonstrated impending surgical intervention being contemplated and the patient has not completed ongoing conservative care. There is no objective evidence that the patient has median or ulnar entrapment neuropathy that would qualify for surgical intervention. The EMG/NCS is for diagnostic purposes for cervical radiculopathy or peripheral nerve compression neuropathy, which are not documented by objective findings. The EMG/NCS would be helpful to assess the medical necessity of a peripheral nerve decompression; however, the patient has not been demonstrated to have failed conservative treatment. There is no medical necessity for the requested Electrodiagnostic studies for the evaluation of the patient at this time prior to the provision of conservative treatment. The current clinical objective findings did not demonstrate a significant change in the clinical status of the patient as to nerve entrapment neuropathies and there was not rationale for the requested electrodiagnostic study other than to "rule out" a nerve compression neuropathy or a nerve root impingement neuropathy with a screening study. There were no documented clinical changes or objective findings to support the medical necessity of an initial EMG/NCS study. The EMG/NCV would only be necessary to evaluate for the medical necessity of surgical intervention for moderate to severe symptoms with objective findings documented on examination. The criteria recommended by the California Medical Treatment Utilization Schedule (MTUS), the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, or the Official Disability Guidelines for the use of electrodiagnostic studies for the bilateral upper extremities (BUEs) were not documented by the requesting provider. There was no demonstrated objective evidence such as a neurological deficit or change in status is that supports the authorization of EMG/NCS studies. There is no demonstrated medical necessity to evaluate for a bilateral upper extremity radiculopathies or peripheral neuropathies based on the objective findings documented.

Nerve Conduction Velocity (NCV) of The Bilateral Upper Extremities/Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant Electrodiagnostic studies of the bilateral lower extremities. There are no demonstrated progressive neurological deficits to support the medical necessity of a bilateral lower extremity Electromyography (EMG) / Nerve Conduction Velocity (NCV) studies with no documented neurological deficits. The patient was documented to have a normal neurological examination with no sensory deficits along a dermatomal pathway to the bilateral lower extremities (BLEs). There is no evidence of a nerve impingement radiculopathy; only a subjective radiculopathy. There were no demonstrated neurological deficits along a dermatomal distribution to the BLEs on examination to support the medical necessity of the requested BLE EMG/NCS. The patient was reported to have full strength and from to the lower extremities. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of pain but no sensation issues below the knee. The sensation to the bilateral lower extremities was reported as intact. There were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE EMG/NCS for the management of this patient. There are no documented changes in the neurological status of the patient that would require Electrodiagnostic studies. The request for the authorization of the EMG/NCS of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. The EMG/NCS of the BLE is not demonstrated to be medically necessary, as there are no documented objective changes in the sensory deficits or neurological changes. An EMG/NCS of the lower extremities is not recommended by the CA MTUS or the American College of Occupational and Environmental Medicine (ACOEM) Guidelines updated lower back chapter for patients without significant leg pain or numbness. There is no demonstrated medical necessity for the requested bilateral lower extremity EMG/NCS screening examination.