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| Case Number: | CM14-0083524 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 12/10/2008 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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 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 31-year-old female with date of injury of 12/10/2008. The listed diagnoses per [REDACTED] from 04/04/2014 are lumbar radiculopathy; low back pain; cervical radiculopathy; cervical pain; and spasms of the muscle. According to this report, the patient complains of head, neck, upper back, midback, low back, bilateral shoulders, and bilateral hip pain. Her neck pain radiates down to her bilateral upper extremities. She also complains of headaches. The pain is associated with numbness, tingling, and weakness in the bilateral arms, bilateral hands, bilateral legs, and bilateral feet. The examination shows the patient has an antalgic gait. No cervical lordosis, asymmetry or abnormal curvature noted on inspection of the cervical spine. Range of motion is restricted in the cervical spine. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms noted. Motor strength of grip is 4+/5 on both sides and EHL is 4/5 bilaterally. Sensory examination to light touch is decreased over the L4 and L5 lower extremity dermatomes on the right side. Deep tendon reflexes in the biceps are 2/4. The utilization review denied the request on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Low back, on electrodiagnostic studies

Decision rationale: The provider is requesting an electromyography of the right upper extremity. The ACOEM Guidelines page 202 states, "appropriate diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. This may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, a test may be repeated later in the course of treatment if symptoms persist." Official Disability Guidelines on electrodiagnostic studies (EDS) states that it is recommended as an option after closed fractures of distal radius and ulna if necessary to assess nerve injury. Official Disability Guidelines further states, "Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG)." The records show the patient had an EMG/NCV of the bilateral lower extremities on 2011 and this report was not made available for review. The provider does not explain why another set of studies are needed. There is no new injury, significant change in clinical status, no recent surgery, or new symptoms that warrant repeat studies. Therefore, this request is not medically necessary.

Electromyography of the left upper extremity: Upheld

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

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Nerve Conduction Study of the right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Low back, on electrodiagnostic studies

Decision rationale: The provider is requesting a nerve conduction study of the right upper extremity. The ACOEM Guidelines page 202 states, "appropriate diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. This may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, a test may be repeated later in the course of treatment if symptoms persist." Official Disability Guidelines on electrodiagnostic studies (EDS) states that it is recommended as an option after closed fractures of distal radius and ulna if necessary to assess nerve injury. Official Disability Guidelines further states, "Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG)." The records show the patient had an EMG/NCV of the bilateral lower extremities on 2011 and this report was not made available for review. The examination on 04/04/2014 does not show sensory or neurological deficits in the upper extremities that would warrant the need for an NCV. Therefore, this request is not medically necessary.

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