

Case Number:	CM14-0086823		
Date Assigned:	07/23/2014	Date of Injury:	10/10/2008
Decision Date:	10/02/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old male with a 10/10/08 date of injury. At the time (5/1/14) of request for authorization for Electromyography of the upper extremity and Nerve conduction velocity (NCV) study of the upper extremity, there is documentation of subjective (headaches, bilateral shoulder pain, bilateral hand pain with numbness and tingling, neck pain, low back pain, and bilateral knee pain) and objective (tenderness over the shoulders, knees, cervical spine and lumbosacral spine; decreased sensation in the bilateral upper extremities) findings, current diagnoses (cervical sprain/strain, thoracic spine sprain/strain, lumbar sprain/strain, bilateral shoulder sprain/strain, bilateral arm numbness, bilateral leg numbness, and bilateral knee sprain/strain), and treatment to date (medications, physical therapy, and chiropractic therapy). In addition, there is documentation of a request to continue chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints Page(s): 177; 33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic spine sprain/strain, lumbar sprain/strain, bilateral shoulder sprain/strain, bilateral arm numbness, bilateral leg numbness, and bilateral knee sprain/strain. In addition, there is documentation of subjective (bilateral hand pain with numbness and tingling) and objective (decreased sensation in the bilateral upper extremities) findings consistent with radiculopathy/nerve entrapment. However, despite documentation of conservative treatment (including medications and physical therapy), and given documentation of a request to continue chiropractic treatment, there is no documentation of failure of additional conservative treatment (chiropractic treatment). Therefore, based on guidelines and a review of the evidence, the request for Electromyography (EMG) of the upper extremity is not medically necessary.

Nerve conduction velocity (NCV) study of the upper extremity.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic spine sprain/strain, lumbar sprain/strain, bilateral shoulder sprain/strain, bilateral arm numbness, bilateral leg numbness, and bilateral knee sprain/strain. In addition, there is documentation of subjective (bilateral hand pain with numbness and tingling) and objective (decreased sensation in the bilateral upper extremities) findings consistent with radiculopathy/nerve entrapment. However, despite documentation of conservative treatment (including medications and physical therapy), and given documentation of a request to continue chiropractic treatment, there is no documentation of failure of additional conservative treatment (chiropractic treatment). Therefore, based on guidelines and a review of the evidence, the request for Nerve conduction velocity (NCV) study of the upper extremity is not medically necessary.