

Case Number:	CM14-0090918		
Date Assigned:	08/22/2014	Date of Injury:	04/10/2012
Decision Date:	09/25/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation 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 underlying date of injury in this case is 04/10/2012. The date of the utilization review under appeal is 05/27/2014. The patient's reported diagnosis is brachial radiculitis/neuritis. An electrodiagnostic study of 10/31/2012 accompanies a consultation report by a treating neurosurgeon. The patient presented with headaches, nausea, vomiting, dizziness, tinnitus, and radicular symptoms. The evaluating neurosurgeon noted the patient had new horizontal diplopia without evidence of a dysconjugate gaze, positive Romberg, tinnitus, bifrontal headaches, and a history of probable cervical and lumbar radiculopathy. On examination the patient had decreased attention span. A detailed peripheral neurology examination was not provided. The treating physician recommended electrodiagnostic studies to evaluate for entrapment neuropathy versus peripheral neuropathy. Those studies of the upper and lower extremities were within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective EMG Studies of Lower and Upper Extremities DOS: 10/31/12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 303.

Decision rationale: The ACOEM Guidelines, chapter 8/neck, page 178, state that electromyography and nerve conduction studies may help identify subtle focal neurological dysfunction in patients with limb symptoms lasting more than 3 or 4 weeks. Similar guidelines for the lower extremities can be found in the ACOEM Guidelines, chapter 12, low back, page 303. Implicit in these guidelines is that an electrodiagnostic study should be performed based upon a specific differential diagnosis after a detailed neurological examination. In this case, the patient presented with extensive central nervous system symptoms and central nervous system findings on neurological exam; however, the neurological examination contains very limited examination of the peripheral nervous system such as specific motor testing, reflexes, and sensation. The neurological/neurosurgical consultation discusses at great length the patient's central nervous system differential diagnoses but does not specifically discuss a level for a proposed peripheral nerve lesion or nerve root lesion. These peripheral nerve diagnoses are the only ones which could be assessed by electrodiagnostic testing; electrodiagnostic testing is not supported by the guidelines for assessment of central nervous system findings, which are the patient's predominant presenting findings on neurosurgical consultation. For these reasons, the requested electrodiagnostic studies are not supported by the treatment guidelines. This request is not medically necessary.

Retrospective NCV Studies of Lower and Upper Extremities DOS: 10/31/12: 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, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 303.

Decision rationale: The ACOEM Guidelines, chapter 8/neck, page 178, state that electromyography and nerve conduction studies may help identify subtle focal neurological dysfunction in patients with limb symptoms lasting more than 3 or 4 weeks. Similar guidelines for the lower extremities can be found in the ACOEM Guidelines, chapter 12, low back, page 303. Implicit in these guidelines is that an electrodiagnostic study should be performed based upon a specific differential diagnosis after a detailed neurological examination. In this case, the patient presented with extensive central nervous system symptoms and central nervous system findings on neurological exam; however, the neurological examination contains very limited examination of the peripheral nervous system such as specific motor testing, reflexes, and sensation. The neurological/neurosurgical consultation discusses at great length the patient's central nervous system differential diagnoses but does not specifically discuss a level for a proposed peripheral nerve lesion or nerve root lesion. These peripheral nerve diagnoses are the only ones which could be assessed by electrodiagnostic testing; electrodiagnostic testing is not supported by the guidelines for assessment of central nervous system findings, which are the patient's predominant presenting findings on neurosurgical consultation. For these reasons, the requested electrodiagnostic studies are not supported by the treatment guidelines. This request is not medically necessary.

