MAXIMUS Federal Services

Case Number:	CM14-0097237		
Date Assigned:	07/28/2014	Date of Injury:	01/05/2012
Decision Date:	09/18/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/25/2014

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 Occupational 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:

According to the records made available for review, this is a 43-year-old male with a 1/5/12 date of injury, and status post right L5-S1 microdiscectomy/laminotomy 11/13/13. At the time (6/23/14) of request for authorization for EMG (Electromyography) of bilateral arms and NCV (Nerve Conduction Velocity) of bilateral arms, there is documentation of subjective (left shoulder and right wrist pain; neck pain and upper extremity pain) and objective (motor strength 5/5 in the bilateral upper extremities, mild diminished light touch sensation in the right upper extremity diffusely, positive Spurling's test, deep tendon reflexes 2+ and equal bilaterally) findings, current diagnoses (radiculopathy/radiculitis), and treatment to date (physical therapy, medications, activity modification, and chiropractic). 6/11/14 medical report identifies a request for EMG/nerve conduction studies of the bilateral upper extremities to objectively determine whether there is cervical radiculopathy or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of bilateral arms: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 radiculopathy/radiculitis. In addition, given documentation of subjective (neck pain and upper extremity pain) and objective (mild diminished light touch sensation in the right upper extremity diffusely and positive Spurling's test) findings and failure of conservative treatment, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for EMG (Electromyography) of bilateral arms is medically necessary.

NCV (nerve conduction velocity) of bilateral arms: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 radiculopathy/radiculitis. In addition, given documentation of subjective (neck pain and upper extremity pain) and objective (mild diminished light touch sensation in the right upper extremity diffusely and positive Spurling's test) findings and failure of conservative treatment, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment Therefore, based on guidelines and a review of the evidence, the request for NCV (Nerve Conduction Velocity) of bilateral arms is medically necessary.