MAXIMUS Federal Services

Case Number:	CM14-0098103		
Date Assigned:	07/28/2014	Date of Injury:	08/31/2012
Decision Date:	10/16/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/26/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 61-year-old gentleman was reportedly injured on August 31, 2012. The mechanism of injury is stated to be repetitive trauma. The most recent progress note, dated May 21, 2014, indicates that there are ongoing complaints of neck pain and back pain radiating to the left lower extremity. The physical examination demonstrated spasms, tenderness and guarding of the cervical, thoracic, and lumbar spine with decreased spinal range of motion. There was decreased sensation at the C6 and L5 dermatomes bilaterally. Diagnostic imaging studies of the cervical spine a disc protrusion at C5 - C6 distorting the anterior portion of the cord. A lumbar spine MRI indicates an annular tear at L4 - L5 and L5 - S1. Previous treatment includes physical therapy, a lumbar spine nerve root injection, and oral medications. A request had been made for EMG and NCV testing of the bilateral upper and lower extremities and was not certified in the pre-authorization process on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITIES, BILATERAL UPPER 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 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper or lower extremity symptoms that have not responded to conservative treatment. The injured employee underwent an MRI of the cervical spine which does indicate potential involvement of the cervical spine, however there are no potential radicular findings on the MRI of the lumbar spine. As such, this request for EMG and NCV studies of the bilateral upper and lower extremities is not medically necessary.

NCV BILATERAL LOWER EXTREMITIES, BILATERAL UPPER 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 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper or lower extremity symptoms that have not responded to conservative treatment. The injured employee underwent an MRI of the cervical spine which does indicate potential involvement of the cervical spine, however there are no potential radicular findings on the MRI of the lumbar spine. As such, this request for EMG and NCV studies of the bilateral upper and lower extremities is not medically necessary.