

Case Number:	CM15-0113145		
Date Assigned:	06/19/2015	Date of Injury:	07/01/2013
Decision Date:	08/18/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 injured worker (IW) is a 43 year old female who sustained an industrial injury on 07/01/2013. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having carpal tunnel syndrome, medial epicondylitis, ulnar nerve lesion, cervicobrachial syndrome, chronic pain syndrome, disc disorder lumbar, low back pain, and encounter for long term use of other medications. Treatment to date has included radiologic imaging and medications. An electromyogram is referenced in the provider notes of 05/12/2015. Currently (05/12/2015), the injured worker complains of bilateral hand pain with numbness and tingling. She also complains of lower back pain with radicular symptoms to the right leg that get worse with activity. The pain is rated by the IW at a 7 on the scale of 0-10. Current medications include Lidocaine 5% patches, Norco, and Lyrica. There are no notes of a physical exam by the primary physician in the 05/12/2013 visit record. The consultation report of 02/24/2015 notes that cranial nerves 2-12 are grossly intact. The back has no areas that are tender to palpation. Pain increases with extension/flexion/rotation/lateral flexion. Straight leg raise is negative bilaterally. On the right she has a positive Patrick's, Positive Faber's test, positive Gaenslen's test. The treatment plan includes needle electromyogram and nerve conduction studies of the bilateral upper extremities to evaluate for cervical radiculopathy, carpal tunnel syndrome, and ulnar neuropathy at the elbow and wrist. According to caregiver notes, patient's previous EMG is almost one year old, her symptoms are more consistent with carpal tunnel syndrome, she is open to surgery if indicated, and a new study is supported by the orthopedic specialist. A request for authorization was made for the following: Needle electromyography / nerve conduction studies of right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Needle electromyography / nerve conduction studies of right 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 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies. ODG further clarifies NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The medical documentation provided indicate this patient has had a previous EMG, however, the results of that EMG have not been provided. The treating physician does not provided documentation of increase in symptoms, muscle atrophy or worsening neurologic findings to justify additional testing. As such, the request for Needle electromyography / nerve conduction studies of right upper extremity is not medically necessary.