

Case Number:	CM15-0120550		
Date Assigned:	07/01/2015	Date of Injury:	01/16/1992
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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: Indiana, Michigan, California
 Certification(s)/Specialty: Family Practice

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 is a 71 year old female with a date of injury on January 16, 1992. At the time of the injury she was 48 years old. The injury was a fall that occurred over 20 years ago. Since the injury the injured worker has experience chronic pain and treatment has involved pain medications, physical therapy, acupuncture and TENS unit. Diagnoses include chronic nonmalignant pain of the cervical spine, bilateral shoulders, hands, wrists, hips, knees and lumbar spine. MRI of the lumbar spine completed on September 13, 2012 revealed 2 mm bulges at L3-4 and L4-5. EMG on March 18, 2014 showed chronic neuropathic findings consistent with chronic radiculopathy. Request is for bilateral upper and lower electromyogram and nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral upper extremity nerve conduction studies (NCS) and electromyograph (EMG):
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, wrist and hand complaints Page(s): 261.

Decision rationale: MTUS guidelines state "appropriate electrodiagnostic studies may help differentiate between CTS and other conditions, such as cervical radiculopathy." In this case, the injured worker has chronic pain that has been present for over 20 years with no significant change in symptoms. CTS was previously diagnosed and treatment involved corticosteroid injections. With no new symptoms documented and the chronicity of the injured workers condition, upper extremity electromyogram and nerve conduction studies are not medically necessary and appropriate.

Bilateral lower extremity nerve conduction studies (NCS) and electromyograph (EMG):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 303-304.

Decision rationale: The injured worker has chronic pain that has been present for over 20 years with no significant change in symptoms. With no new symptoms documented and the chronicity of the injured workers condition, lower extremity electromyogram and nerve conduction studies are not medically necessary and appropriate.