MAXIMUS Federal Services

Case Number:	CM15-0148612		
Date Assigned:	08/11/2015	Date of Injury:	06/04/2015
Decision Date:	12/08/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/30/2015

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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

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 was a 42 year old female, who sustained an industrial injury, June 4, 2015. The injury was sustained from repetitive work duties. According to progress note of June 9, 2015, the injured worker's chief complaint was the injured worker was in constant pain 'moderate to severe' reported the injured worker. The pain was in the cervical spine, thoracic spine, and lumbar spine, left and right shoulders. According to the treating physician, the physical exam noted moderate tenderness over the cervical spine, thoracic spine, lumbar spine, left and right shoulders hands and wrists. There was slight tenderness with palpation in the left and right elbows, ankles and feet. There was restricted range of motion and there were positive orthopedic tests. The injured worker was undergoing treatment for left and right elbow strain and or sprain; right and left wrist and hand strain and or sprain; headaches, stress, anxiety, cervical spine strain and or sprain; thoracic spine strain and or sprain and lumbar strain and or sprain. The injured worker previously received the following treatments the documentation reviewed did not included any past treatments. The RFA (request for authorization) dated the following treatments were requested EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities. The UR (utilization review board) denied certification on July 1, 2015; for EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities. The denial was based on the clinical information submitted for this review and using evidence bases, peer review guidelines the EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity (NCV) of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of upper extremity nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that Nerve Conduction Velocities for the lower extremities and back are "not recommended" with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: "Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma." This patient has clinical symptoms of pain in the cervical spine, thoracic spine, and lumbar spine, left and right shoulders. The medical documentation submitted does not support that the patient has ever had a distal radius or ulnar fracture. Neurodeficits in a brachial plexus distribution are also not documented. Furthermore, clinical records indicate that this patient has not had any prior treatments or conservative therapy prior to the requested procedure. Per ODG, Nerve Conduction Velocity studies are is not indicated for the upper extremities based on this patient's known and established diagnosis. There is also no documentation that this patient has failed conservative measures with splinting or injection therapy. Therefore, based on the submitted medical documentation, the request for a right upper extremity nerve conduction study is not medically necessary.

Electromyography (EMG) of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of upper extremity EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states "EMG is not recommended if radiculopathy is already clinically obvious." Additionally, the American Association of Neuromuscular & Electrodiagnostic

Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening. EMG is further recommended after conservative therapy measures have failed. This patient has clinical symptoms of pain in the cervical spine, thoracic spine, and lumbar spine, left and right shoulders. The medical documentation submitted does not support that the patient has ever had a distal radius or ulnar fracture. Neurodeficits in a brachial plexus distribution are also not documented. Furthermore, reportedly mild sensory changes in the arm have not been treated with conservative measures, including bracing or injection therapy. Per ODG, EMG studies are not indicated for the upper extremities based on this patient's known and established diagnosis. There is also no documentation that this patient has failed conservative measures. Therefore, based on the submitted medical documentation, the request for left upper extremity EMG testing is not medically necessary.

NCV of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of upper extremity nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that Nerve Conduction Velocities for the lower extremities and back are "not recommended" with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: "Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma." This patient has clinical symptoms of pain in the cervical spine, thoracic spine, and lumbar spine, left and right shoulders. The medical documentation submitted does not support that the patient has ever had a distal radius or ulnar fracture. Neurodeficits in a brachial plexus distribution are also not documented. Furthermore, clinical records indicate that this patient has not had any prior treatments or conservative therapy prior to the requested procedure. Per ODG, Nerve Conduction Velocity studies are is not indicated for the upper extremities based on this patient's known and established diagnosis. There is also no documentation that this patient has failed conservative measures with splinting or injection therapy. Therefore, based on the submitted medical documentation, the request for a left upper extremity nerve conduction study is not medically necessary.

EMG of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of upper extremity EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states "EMG is not recommended if radiculopathy is already clinically obvious." Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening. EMG is further recommended after conservative therapy measures have failed. This patient has clinical symptoms of pain in the cervical spine, thoracic spine, and lumbar spine, left and right shoulders. The medical documentation submitted does not support that the patient has ever had a distal radius or ulnar fracture. Neurodeficits in a brachial plexus distribution are also not documented. Furthermore, reportedly mild sensory changes in the arm have not been treated with conservative measures, including bracing or injection therapy. Per ODG, EMG studies are not indicated for the upper extremities based on this patient's known and established diagnosis. There is also no documentation that this patient has failed conservative measures. Therefore, based on the submitted medical documentation, the request for left upper extremity EMG testing is not medically necessary.