

Case Number:	CM15-0061207		
Date Assigned:	04/07/2015	Date of Injury:	01/03/2014
Decision Date:	05/28/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/31/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female who reported an injury on 04/02/2012. The specific mechanism of injury involved repetitive activity. The current diagnoses include carpal sprain, insomnia, anxiety, and depression. The injured worker presented on 01/08/2015 for a pain management evaluation. It was noted that the injured worker had been previously treated with medication, physical therapy, chiropractic treatment, and acupuncture. The injured worker presented with complaints of 8/10 right wrist pain with difficulty grasping and lifting. The injured worker also noted complaints of insomnia secondary to pain, anxiety, and depression. Upon examination of the lumbar spine, there was full range of motion in all planes, intact sensation, 5/5 motor strength, and normal deep tendon reflexes. Treatment recommendations included prescriptions for Ultracet, naproxen, and omeprazole. The physician indicated he was awaiting an NCV/EMG report of the upper extremities performed on 04/20/2014. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography, including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In this case, there was no evidence of a significant functional deficit upon examination. There was normal lumbar range of motion, normal lower extremity range of motion, intact sensation, normal motor strength, and normal deep tendon reflexes. There was no evidence of lumbar radiculopathy or a sensory or motor deficit. The medical necessity has not been established in this case. Therefore, the request is not medically necessary at this time.

Nerve Conduction Velocity (NCV) of the Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve Conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography, including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In this case, there was no evidence of a significant functional deficit upon examination. There was normal lumbar range of motion, normal lower extremity range of motion, intact sensation, normal motor strength, and normal deep tendon reflexes. There was no evidence of lumbar radiculopathy or a sensory or motor deficit. The medical necessity has not been established in this case. Therefore, the request is not medically necessary at this time.

Electromyography (EMG) of the Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography, including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In this case, there was no evidence of a significant functional deficit upon examination. There was normal lumbar range of motion, normal lower extremity range of motion, intact sensation, normal motor strength, and normal

deep tendon reflexes. There was no evidence of lumbar radiculopathy or a sensory or motor deficit. The medical necessity has not been established in this case. Therefore, the request is not medically necessary at this time.

Nerve Conduction Velocity (NCV) of the Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve Conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electro-myography, including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In this case, there was no evidence of a significant functional deficit upon examination. There was normal lumbar range of motion, normal lower extremity range of motion, intact sensation, normal motor strength, and normal deep tendon reflexes. There was no evidence of lumbar radiculopathy or a sensory or motor deficit. The medical necessity has not been established in this case. Therefore, the request is not medically necessary at this time.