

Case Number:	CM15-0065214		
Date Assigned:	04/13/2015	Date of Injury:	09/27/2013
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/06/2015

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 60 year old male, who sustained an industrial injury on 09/27/2013. He has reported injury to the neck and low back. The diagnoses have included cervical musculoligamentous sprain/strain; cervical spine myospasm; lumbago; and lumbar spine compression fracture. Treatment to date has included medications, diagnostics, acupuncture, chiropractic therapy, and functional restoration program. Medications have included Ibuprofen, Tramadol, and Prilosec. A progress note from the treating physician, dated 02/25/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in his neck, rated at 6/10 on the visual analog scale; pain in the low back, rated at 6-7/10; and numbness and tingling in the hands and bilateral lower extremities. Objective findings included hypolordosis of the cervical spine; reflexes C5 through C7 are blunted bilaterally; lumbar spine with hypolordosis; and sensation is intact to light touch in the bilateral lower extremities. The treatment plan has included the request for EMG (Electromyography)/NCV (Nerve Conduction Velocity) of the right upper extremity as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the right upper extremity as outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines page 109, 114.

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 neck and upper back (acute and chronic) chapter, electromyography (EMG).

Decision rationale: The patient was injured on 09/27/13 and presents with neck pain, low back pain, and numbness/tingling in his hands/bilateral lower extremities. The request is for an EMG/NCV OF THE RIGHT UPPER EXTREMITY AS OUTPATIENT due to radicular symptoms. The utilization review denial rationale is that "the physical examination noted intact sensation and no functional motor loss. There were no plain films reviewed or any other parameters by which electro-diagnostic studies would be needed to establish a diagnosis." The RFA is dated 02/25/15 and the patient is on total temporary disability. Review of the reports provided does not indicate if the patient has had a prior EMG/NCV of the right upper extremity. ACOEM Guidelines page 260 states: "appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later and the course of treatment if symptoms persist. ODG Guidelines on the neck and upper back (acute and chronic) chapter under the section called EMG states that EMG is recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome, recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary." There is no prior EMG/NCV testing done on the patient's right upper extremity. The patient has been complaining about neck pain as early as the 01/21/15. He has hypolordosis of the cervical spine and lumbar spine. The patient is diagnosed with cervical musculoligamentous sprain/strain, cervical spine myospasm, lumbago, and lumbar spine compression fracture. Reports were hand-written and illegible; therefore, it was difficult to read the other exam findings. Given the patient continues to have neck pain with numbness/tingling into the hands, an EMG/NCV appears reasonable. An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. Therefore, the requested EMG/NCV of the right upper extremity IS medically necessary.