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| Case Number: | CM15-0067256 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 02/08/2014 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/26/2015 |
| Priority: | Standard | Application Received: | 04/08/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 40 year old individual who sustained an industrial injury on February 8, 2014. They had reported lower back pain and has been diagnosed with cervical sprain/strain, cervical radiculopathy, lumbar sprain/strain, and lumbar radiculopathy. Treatment has included medications and physical therapy. Currently the injured worker had tenderness, spasms, and decreased range of motion to the lumbar spine. The treatment request included an EMG/NCV of the bilateral upper extremities. The 7/21/14 MRI of the cervical spine reveals no disc herniation, spinal stenosis or foraminal compromise at any level.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), EMG; Official Disability Guidelines (ODG-TWC), nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178,261.

Decision rationale: EMG/NCV bilateral upper extremities is not medically necessary per the MTUS ACOEM Guidelines. The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms. The MTUS ACOEM also states that appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnels syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The documentation does not clearly define why the upper extremity NCS/EMG is requested. The documentation has minimal upper extremity complains/objective findings on the documentation submitted. There is no clear objective finding that suggests entrapment/compression neuropathy; plexopathy; radiculopathy; peripheral polyneuropathy or other neuropathic or myopathic symptoms that would require a NCS/EMG at this time. Therefore, the request for EMG/NCV bilateral upper extremities is not medically necessary.