

Case Number:	CM15-0067722		
Date Assigned:	04/15/2015	Date of Injury:	08/13/2014
Decision Date:	05/14/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/09/2015

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:

This 53 year old woman sustained an industrial injury on 8/18/2014. The mechanism of injury is not detailed. Diagnoses include bilateral sacroiliac joint sprain/strain, bilateral shoulder strain/sprain with impingement, right elbow sprain, right wrist sprain/strain, and cervical spine strain. Treatment has included oral medications. Physician notes on a PR-2 dated 12/18/2014 show complaints of back, bilateral shoulder, and right elbow and wrist pain rated 8-9/10. Recommendations include continue current medications regimen, upper and lower extremity electromyogram/nerve conduction studies.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any specific clinical findings correlating with any imaging study to suggest any entrapment syndrome or cervical radiculopathy only with continued diffuse tenderness and hypoesthesia without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The patient is noted to improve with ongoing conservative acupuncture care. The EMG/NCV of the right upper extremity is not medically necessary and appropriate.

EMG/NCV of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any specific clinical findings correlating with any imaging study to suggest any entrapment syndrome or lumbar radiculopathy only with continued diffuse tenderness and hypoesthesia without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The patient is noted to improve with ongoing conservative acupuncture care. The EMG/NCV of the right upper extremity is not medically necessary and appropriate.