Case Number:	CM17-0000846		
Date Assigned:	01/05/2017	**Date of Injury:**	11/10/2016
Decision Date:	02/01/2017	**UR Denial Date:**	12/08/2016
Priority:	Standard	**Application Received:**	12/30/2016

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: Ohio, West Virginia, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 54 year old female, who sustained an industrial injury on 11-10-2016. Diagnoses include spinal contusion secondary to a fall. Treatments to date include activity modification and medication therapy. On 11-23-16, she complained of ongoing burning, numbness, and pain down bilateral lower extremities and bilateral fingers. Pain was rated 6-9 out of 10 VAS. The physical examination documented tenderness over the right greater trochanter and a positive Patrick test on the right upper extremity. The plan of care included a prescriptions for Tramadol one tablet three times daily and physical therapy. On 11-30-16, she reported a syncopal episode two days prior. She complained of numbness of the toes and fingers on waking bilaterally. Pain was mostly in the thoracic-lumbar junction, lumbar and sacral areas. Chiropractic therapy received were noted to improve symptoms. Pain was rated 4 out of 10 VAS. The physical examination documented decrease sensation to all fingers and left toes. The plan of care included discontinuation of Tramadol and starting Tylenol #3 and a request for electrodiagnostic studies of upper and lower extremities and physical therapy. The appeal requested authorization for electromyogram and nerve conduction studies (EMG-NCS) of bilateral upper extremities. The Utilization Review dated 12-8-16, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic Studies (EDS); Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS).

Decision rationale: CA-MTUS states; "special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms." CA-MTUS also states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS 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 ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". The ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The very limited medical record provides no documentation of failed conservative care prior to this request. Further, the objective findings provided do not provide a clear rationale for this study. As such, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic Studies (EDS); Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: CA-MTUS states; "special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms." CA-MTUS also states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The ODG states; "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The very limited medical record provides no documentation of failed conservative care prior to this request. Further, the objective findings provided do not provide a clear rationale for this study. As such, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.