

Case Number:	CM13-0051279		
Date Assigned:	12/27/2013	Date of Injury:	07/14/1989
Decision Date:	05/22/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain with derivative psychological stress, depression, and tremors reportedly associated with an industrial injury of July 14, 1989. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; earlier cervical fusion surgery; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. The applicant does not appear to have returned to work with said permanent limitations in place. In a Utilization Review Report of September 23, 2013, the claims administrator denied a request for electrodiagnostic testing of left upper extremity, citing non-MTUS Third Edition ACOEM Guidelines which were mistakenly cited as originating from the MTUS. The applicant's attorney subsequently appealed. A clinical progress note of August 12, 2013 was somewhat difficult to follow, mingled old complaints with current complaints, and was notable for comments that the applicant had persistent complaints of headaches, depression, obsessive compulsive disorder, and increased hand tremors. The applicant's ability to grip and grasp was reportedly diminished. Decreased sensation was noted about the left upper and left lower extremities with strength scored at 4+/5. The attending provider states that it is possible that there has been a change in the applicant's cervical spine pathology, noting that the applicant's last set of cervical spine studies was six to seven years ago. The attending provider went on to appeal the denial of earlier proposed electrodiagnostic testing. The attending provider did note that the applicant had had electrodiagnostic testing in 2009 notable for mild carpal tunnel syndrome. The applicant was asked to remain off of work with permanent limitations in place. An October 7, 2013 progress note was again notable for comments that the applicant was having ongoing complaints of neck pain, upper extremity pain, depression, and obsessive compulsive disorder. The attending

provider again noted that the applicant had not cleaned her house in years. The applicant was having difficulty performing various activities of daily living and exhibited decreased strength and sensation about the left upper extremity with positive Tinel sign appreciated and tremor noted. Tremors are most permanent about the hand, it was stated. The attending provider states that there has been some deterioration in motor skills about the impacted left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) FOR THE LEFT UPPER EXTREMITY, AS AN OUTPATIENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. In this case, the attending provider has posited that the applicant could have some element of carpal tunnel syndrome, cervical radiculopathy, and/or idiopathic hand tremors. Electrodiagnostic testing to help distinguish between the same is indicated and appropriate. Therefore, the request is medically necessary.

NERVE CONDUCTION VELOCITY (NCV) STUDY FOR THE LEFT UPPER EXTREMITY, AS AN OUTPATIENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Again, as with the EMG request, the attending provider has posited that the applicant may have issues with cervical radiculopathy versus carpal tunnel syndrome versus idiopathic tremors. The applicant is reportedly having worsening in left upper extremity function, coordination, motor skills, paresthesias, tremors, etc. Electrodiagnostic testing to help distinguish between the various possible etiologies postulated here is indicated, appropriate, and compatible with page 261 of the MTUS-adopted ACOEM Guidelines in Chapter 11, which suggested electrodiagnostic testing may in fact help to distinguish between carpal tunnel syndrome and other suspected conditions such as cervical radiculopathy. Therefore, the request is medically necessary.

