

Case Number:	CM13-0051610		
Date Assigned:	12/27/2013	Date of Injury:	11/16/2012
Decision Date:	05/23/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/14/2013

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 neck pain, low back pain, and mid back pain with derivative psychological stress reportedly associated with a slip and fall industrial injury of November 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of October 28, 2013, the claims administrator denied a request for electrodiagnostic testing of the upper and lower extremities, stating that there was "no documentation in the clinical record of a subtle focal neurological dysfunction and symptoms lasting more than three to four weeks." The applicant's attorney subsequently appealed. A progress note of September 9, 2013 was notable for comments that the applicant was having confrontational relationship with her supervisor. A rather proscriptive 10-pound lifting limitation was endorsed. Ibuprofen was prescribed. On October 9, 2013, the applicant was placed off of work, on total temporary disability, and asked to obtain psychological testing, electrodiagnostic testing, physical therapy, acupuncture, extracorporeal shockwave therapy, and a vital wrap. A variety of oral and topical agents were noted. The applicant stated that she had upper back pain, constant, and low back pain, also constant, 8/10. In the review of systems section of the report, the applicant reported weakness, numbness, and tingling sensations. The applicant did deny any history of diabetes, hypothyroidism, or systemic disorder. Somewhat incongruously, the attending provider stated in one section of the report that the applicant should respond well to conservative treatment in one section of the report and then stated that the applicant had a guarded prognosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG, UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: As noted in the MTUS Guideline in ACOEM Practice Guidelines Chapter 8, page 178, electrodiagnostic testing may help identify subtle focal neurologic dysfunction in applicants with neck or arm symptoms or both which last greater than three to four weeks. In this case, the applicant has longstanding complaints of neck pain with associated upper extremity paresthasias, thought to be the result of a possible cervical radiculopathy. EMG testing to help clearly delineate the same is indicated. Therefore, the request is medically necessary.

EMG, LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 12, page 303, EMG testing may be helpful to identify subtle, focal neurologic function in applicants with low back symptoms, which last greater than three to four weeks. In this case, the applicant does have longstanding low back symptoms, which have last well beyond three to four weeks. The applicant is now over a year removed from the date of injury. EMG testing of the lower extremities to help delineate the presence or absence of a lumbar radiculopathy is indicated. Therefore, the request is medically necessary.

NCV, UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 11, Table 11-7, page 272, routine usage of NCV testing in diagnostic evaluation of nerve entrapment is "not recommended." In this case, the applicant has been given a diagnosis of suspected cervical radiculopathy. There is no clearly voiced evidence or suspicion of an upper extremity peripheral neuropathy here. The applicant does not have a systemic disease process, such as

diabetes, hypothyroidism, or hypertension, which would make a peripheral neuropathy more likely. No compelling rationale for further assessment has been proffered by the attending provider. Therefore, the NCV testing of the bilateral upper extremities is not medically necessary.

NCV, LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 14, Table 14-6, page 377, electrical studies without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies "is not recommended." In this case, there is, as noted above, no clear evidence of a lower extremity entrapment neuropathy. The suspected operating diagnosis is that of lumbar radiculopathy. Again, as with the request for NCV testing of the upper extremities, there is no clearly voiced suspicion of a lower extremity peripheral neuropathy or evidence of a systemic disease process, such as diabetes, hypertension, hypothyroidism, which would make such a process more likely. Therefore, the request is not medically necessary.