

<b>Case Number:</b>	CM13-0065019		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/18/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 pain, shoulder pain, forearm pain, wrist pain, and low back pain reportedly associated with an industrial injury of May 18, 2013. In a utilization review report dated November 27, 2013, the claims administrator denied a polysomnogram to rule out obstructive sleep apnea. The Non-MTUS Official Disability Guidelines were invoked. The claims administrator also apparently denied electrodiagnostic testing of the bilateral lower extremities, again invoking MTUS and Non-MTUS Guidelines. Overall rationale was very sparse. Despite the fact that the applicant was several months removed from the date of injury, the claims administrator stated the request was denied on the grounds that the medical file did not document one month of conservative therapy. The applicant's attorney subsequently appealed. On November 27, 2013, the applicant presented with complaints of dizziness, chest pain, upper extremity pain, headaches, vertigo, neck pain, and disequilibrium and jaw pain. The attending provider gave the applicant an operating diagnosis of posttraumatic facial and nasal fractures rule out obstructive sleep apnea. It was not clearly stated why obstructive sleep apnea was suspected here. The applicant was given work restrictions, which did not appear to be accommodated. Ultram and Fioricet were endorsed, along with electrodiagnostic testing of the bilateral upper and bilateral lower extremities. The applicant did have decreased range of motion and numbness about the right upper extremity; it was noted, with decreased brachioradialis tendon and diminished sensorium in the right C6 distribution. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities was apparently sought on both October 2, 2013 and November 27, 2013. The attending provider stated that the applicant also had positive right-sided straight leg raising on October 2, 2013. The applicant was described as having issues with right upper extremity paresthesias and dysesthesias as early as August 14, 2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Nerve Conduction Velocity (NCV) Right Upper Extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178, EMG and NCV testing may be helpful in identifying subtle or focal neurologic dysfunction in applicant's with neck or arm complaints or both which last greater three to four weeks. In this case, the applicant had ongoing complaints of neck and arm pain, which had persisted for several months. The applicant had dysesthesias and paresthesias about the right arm. Obtaining electrodiagnostic testing, including the nerve conduction testing at issue here, to further evaluate the same is indicated. Therefore, the request is medically necessary.

### **Nerve Conduction Velocity (NCV) Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**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 Guidelines in Chapter 11, Table 11-7, page 272, routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is not recommended. In this case, the applicant is seemingly asymptomatic insofar as the left upper extremity is concerned. The neuropathic symptoms apparently pertain to the symptomatic right upper extremity; it was suggested on several progress notes, referenced above, throughout late 2013. There was no mention of any paresthesias, dysesthesia, numbness, or tingling referable to the left upper extremity. Therefore, the request is not medically necessary.

### **Electromyogram (EMG) Of The Right Upper Extremity: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand, Electrodiagnostic Studies (EDS).

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178, EMG or NCV testing can help identify subtle, focal neurologic dysfunction in applicants with neck or arm complaints, which last greater than 3 to 4 weeks. In this case, contrary what was suggested by the claims administrator, the applicant's neck and arm issues have been evident for a span of several months. The applicant has associated hypo-sensorium noted on exam and reportedly has a diminished right-sided brachioradialis reflex. Obtaining an EMG testing to help establish a diagnosis of right upper extremity neurologic dysfunction is therefore indicated. Accordingly, the request is medically necessary.

**Electromyogram (EMG) Of The Left Upper Extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand, Electrodiagnostic studies (EDS).

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 11-7, page 272, routine usage of NCV or EMG testing in the evaluation of the applicants without symptoms is not recommended. In this case, the information on file suggested that the applicant is entirely asymptomatic insofar as the left upper extremity is concerned. The applicant's neurologic symptoms appear to be referable to the symptomatic right upper extremity. EMG testing of the asymptomatic left upper extremity is not indicated. Therefore, the request is not medically necessary.