MAXIMUS Federal Services

Case Number:	CM14-0001451		
Date Assigned:	01/17/2014	Date of Injury:	10/22/2013
Decision Date:	11/07/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/03/2014

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 and low back pain reportedly associated with cumulative trauma at work between the dates October 22, 2012 through October 22, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated December 12, 2013, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. The applicant's attorney subsequently appealed. In a handwritten note dated December 4, 2013, the applicant reported 7-8/10 neck and bilateral upper extremity pain. The applicant was depressed. Acupuncture had provided some fleeting relief. The applicant was feeling stressed. Tenderness and positive provocative testing were appreciated about the cervical spine. The note was handwritten, not entirely legible, and extremely difficult to follow. Acupuncture, MRI imaging of the cervical and lumbar spines, and electrodiagnostic testing of the bilateral upper extremities were sought. The applicant was asked to consult a hernia specialist. The applicant was placed off of work, on total temporary disability. In a narrative report also dated December 4, 2013, the attending provider stated that he was seeking EMG testing of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 does recommend EMG testing to clarify a diagnosis of nerve root dysfunction in cases of suspected disk herniation either preoperatively or before an epidural steroid injection, in this case, however, there is no evidence that the applicant is considering or contemplating any kind of surgical intervention involving the cervical spine. There is no evidence that the applicant is a candidate for epidural steroid injection therapy involving the cervical spine. Therefore, the request is not medically necessary.

Nerve conduction velocity (NCV) bilateral upper extremities: Upheld

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

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, the routine usage of NCV or EMG testing in the diagnostic evaluation of nerve entrapment is considered "not recommended." In this case, the fact that the attending provider concurrently sought authorization of MRI imaging and electrodiagnostic testing of several different body parts implied that the nerve conduction testing at issue was being performed for routine evaluation purposes, with no explicit intention of acting on the results of the same. It was not clearly stated what was sought. It was not clearly stated what was suspected. Therefore, the request is not medically necessary.