

Case Number:	CM14-0105312		
Date Assigned:	07/30/2014	Date of Injury:	10/19/2013
Decision Date:	10/14/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/07/2014

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 chronic neck, shoulder, upper back, and lower back pain reportedly associated with an industrial injury of October 19, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy over the course of the claim; and unspecified amounts of manipulative therapy over the life of the claim. In a Utilization Review Report dated June 20, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator stated that it was invoking ACOEM "Chapter 2" in its decision making but went on to cite ACOEM Chapter 8 at the bottom of the report. The claims administrator did not incorporate any of the cited guidelines into its rationale, however. The claims administrator did reference a thoracic MRI of January 27, 2014 demonstrating low-grade 1 to 2 mm disk bulges at T3-T4 and T11-T12. The applicant's attorney subsequently appealed. In a June 3, 2014 progress note, the applicant was placed off of work, on total temporary disability, through July 1, 2014. Electrodiagnostic testing of the bilateral upper extremities was endorsed. The applicant was given diagnoses of shoulder strain, lumbar strain, bicipital tendinitis of the shoulder, lumbar myelopathy, thoracic strain, and unspecified sleep disturbance. The applicant presented for frequent 5/10 upper back pain. The applicant also had derivative complaints of anxiety, depression, and difficulty with standing and walking. The applicant was described as overweight. Additional chiropractic manipulative therapy and electrical stimulation therapy were sought along with the electrodiagnostic testing at issue. A pain management consultation was also endorsed. It was stated that the applicant was considering epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back (updated 5/30/14) Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, EMG test is "recommended" to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before an epidural steroid injection. In this case, the attending provider has posited that the applicant may, in fact, be a candidate for cervical/thoracic epidural steroid injection therapy. The applicant has had essentially negative thoracic MRI imaging, referenced above. It is medically necessary to obtain EMG testing of the upper extremities to help establish the presence of a cervical or thoracic radiculopathy before consideration of epidural steroid injection therapy is indicated. Therefore, the request is medically necessary.

NCV of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that NCV testing is "recommended" for suspected medial and/or ulnar nerve impingement at the wrist after failure of conservative treatment, in this case, however, the applicant's symptoms do not appear to be referable or localizable to the wrist. Rather, the attending provider has posited that the applicant has a cervical or thoracic radiculopathy. Nerve conduction testing would be of no benefit in establishing such a diagnosis, per ACOEM. Therefore, the request is not medically necessary.