MAXIMUS Federal Services

Case Number:	CM14-0150032		
Date Assigned:	09/18/2014	Date of Injury:	03/19/2013
Decision Date:	11/19/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/15/2014

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, mid back, and shoulder pain reportedly associated with an industrial injury of March 19, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of physical therapy; and electrodiagnostic testing of July 24, 2014, notable for a severe bilateral median neuropathy and an acute bilateral C5, C6, and C7 radiculopathy. In an August 28, 2014 Utilization Review Report, the claims administrator apparently denied a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator stated that it was basing its denial on a July 22, 2014 progress note and associated request for authorization form. The claims administrator invoked a variety of non-MTUS guidelines in its denial, including non-MTUS Third Edition ACOEM Guidelines which were mislabeled as originating from the MTUS. Non-MTUS ODG guidelines were also invoked. The applicant's attorney subsequently appealed. The remainder of the file was surveyed. The most recent progress note on file was an acupuncture note dated March 28, 2014. The claims administrator did not seemingly incorporate the July 22, 2014 progress note in which the RFA was initiated into the IMR packet. The actual electrodiagnostic report of July 24, 2014 was reviewed. As noted previously, it was positive for bilateral C5, C6, and C7 radiculopathy with evidence of a severe bilateral median neuropathy. The applicant was diabetic, it was noted. The applicant did report neck pain radiating to the right shoulder with associated paresthesias about the right hand. Positive Tinel and Phalen signs were noted about the bilateral upper extremities with hyposensorium noted about the bilateral hands in the median nerve distribution. A positive Spurling maneuver was also noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, updated 08/04/14Official Disability Guidelines (ODG) Shoulder, updated 08/27/14

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 are recommended to help distinguish between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. In this case, the applicant did have ongoing complaints of neck pain and paresthesias about the hands. The applicant was diabetic. There were various items on the differential diagnoses, including cervical radiculopathy, median neuropathy, carpal tunnel syndrome, etc. Performing EMG testing to help distinguish between the aforementioned diagnostic considerations was indicated. Therefore, the request was medically necessary.

Electromyography (EMG) of left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, updated 08/04/14Official Disability Guidelines (ODG) Shoulder, updated 08/27/14

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 are indicated to help differentiate between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. In this case, the applicant did have ongoing complaints of neck pain and upper extremity paresthesias. The applicant was a diabetic. There were a variety of items on the differential diagnosis list, including cervical radiculopathy, carpal tunnel syndrome, etc. Electrodiagnostic testing to help differentiate between the multiple possible diagnostic considerations was indicated. The testing, noted above, was positive both for cervical radiculopathy and a superimposed carpal tunnel syndrome. Therefore, the request was medically necessary.

Nerve conduction study (NCS) of right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG), Neck & Upper Back, updated 08/04/14Official Disability Guidelines (ODG) Shoulder, updated 08/27/14

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 are indicated to help differentiate between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. In this case, the applicant did have ongoing complaints of neck pain and upper extremity paresthesias. The applicant was diabetic. Electrodiagnostic testing to help distinguish between the various possible diagnostic considerations was indicated. The testing in question was markedly positive and did reveal both a cervical radiculopathy and a bilateral carpal tunnel syndrome. Therefore, the request was medically necessary.

Nerve conduction study (NCS) of left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, updated 08/04/14Official Disability Guidelines (ODG) Shoulder, updated 08/27/14

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 can help to differentiate between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. In this case, the applicant did have complaints of neck pain radiating to bilateral upper extremities. The applicant was diabetic. The electrodiagnostic testing in question did uncover evidence of both a cervical radiculopathy and a bilateral carpal tunnel syndrome. Therefore, the request was medically necessary.