

<b>Case Number:</b>	CM14-0151349		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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] who has filed a claim for neck, forearm, upper extremity, and knee pain reportedly associated with an industrial injury of March 12, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; adjuvant medications; and a wrist brace. In a Utilization Review Report dated September 3, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. A variety of MTUS and non-MTUS guidelines were invoked. The claims administrator stated in one section of the note that the applicant had issues with neck pain radiating to the left hand and then stated in another section of the note that the applicant did not have evidence of neuropathic symptoms. The applicant's attorney subsequently appealed. In an August 14, 2014 progress note, the applicant apparently transferred care to a new primary treating provider. The applicant reported back pain, shoulder pain, bilateral forearm pain, bilateral wrist pain, bilateral hand pain, and right knee pain. The applicant was working on modified duty, it was acknowledged. It was suggested that the applicant was alleging pain secondary to cumulative trauma at work as opposed to a specific, discrete injury. The applicant stated that earlier physical therapy had proven unsuccessful. Neck pain radiating to the left upper extremity rated at 4/10 was noted, along with low back pain, also rated at 4/10, radiating to the right lower extremity. Lower extremity motor function was apparently intact. The applicant exhibited a normal gait. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities was sought along with chiropractic manipulative therapy, an orthopedic consultation, lumbar spine x-rays, gabapentin, and Neurontin. In an earlier note dated May 13, 2014, it was stated that the applicant had issues with left forearm and hand overuse syndrome secondary to de Quervain tenosynovitis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG Left Upper Extremity times 2: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) Neck & Upper Back, Electromyography (EMG)

**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 may help to distinguish between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. In this case, the applicant has reported several months of neck pain radiating to the left forearm with associated paresthesias about the hands. Electromyography (EMG) testing to help distinguish between cervical radiculopathy versus another consideration, such as carpal tunnel syndrome, is indicated, appropriate, and supported by ACOEM. Therefore, the request is medically necessary.

### **NCV Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) Nerve conduction studies (NCS)

**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 usage of nerve conduction velocity (NCV) or EMG testing in the routine evaluation of applicants without symptoms is "not recommended." In this case, the applicant is seemingly asymptomatic insofar as the right upper extremity is concerned. All of the applicant's neuropathic/radicular symptoms were apparently confined to the left upper extremity; it was suggested on August 14, 2014. Nerve conduction testing of the asymptomatic right upper extremity is not endorsed by ACOEM. Therefore, the request is not medically necessary.

### **NCV Left Upper Extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) Nerve conduction studies (NCS)

**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 distinguish between carpal tunnel syndrome and other consideration, such as cervical radiculopathy. In this case, the applicant has ongoing neck pain radiating to the left upper extremity with associated left hand paresthesias which have been present for several months and have proven recalcitrant to time, medications, and physical therapy. Nerve conduction testing of the symptomatic left upper extremity is indicated to help establish a diagnosis of carpal tunnel syndrome versus cervical radiculopathy. Therefore, the request is medically necessary.

**EMG Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) Neck & Upper Back, Electromyography (EMG)

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

**Decision rationale:** The attending provider indicated on an August 14, 2014 progress note that the applicant's radicular versus neuropathic symptoms were confined to the symptomatic left upper extremity and that the applicant was asymptomatic insofar as the right upper extremity was concerned. 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 evaluation of applicants without symptoms is "not recommended." Therefore, the request is not medically necessary.