

Case Number:	CM14-0154579		
Date Assigned:	09/24/2014	Date of Injury:	03/29/2013
Decision Date:	10/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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 has filed a claim for chronic hand, neck, low back, and shoulder pain reportedly associated with an industrial injury of March 29, 2013. Thus far, the applicant has been treated with the following: analgesic medications; extensive physical therapy; and earlier shoulder surgery. In a Utilization Review Report dated September 8, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities, basing his decision on ACOEM Third Edition Low Back Chapter Electromyography section. In a progress note dated August 14, 2014, the applicant reported persistent complaints of neck pain radiating to the right shoulder with associated numbness, tingling, weakness, rated 3-8/10. Shoulder and back pain rated 5-9/10 were also noted, along with derivative complaints of sleep disturbance, depression, anxiety, and dyspepsia. The applicant had received extensive manipulative therapy, acupuncture, and physical therapy, it was stated. The applicant was using Motrin for pain relief. The applicant had not worked since May 2013, it was further noted. Upper extremity sensorium and reflexes were reportedly intact. MRI imaging of the cervical spine, MRI imaging of the lumbar spine, electrodiagnostic testing of bilateral upper extremities, acupuncture, Flexeril, Naprosyn, and Protonix were endorsed, while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The attending provider noted in his progress note of August 14, 2014 that the applicant's symptoms were confined to the neck and right upper extremity. The applicant reported neck pain radiating to the right shoulder accompanied by numbness, tingling, and weakness about the same. There was no mention of any symptoms associated with left upper extremity paresthesias and/or tingling about the left upper extremity. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing for evaluative purposes in applicants without symptoms is "not recommended." In this case, the applicant is, as previously noted, asymptomatic insofar as the left upper extremity is concerned. Therefore, the request is not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS Guidelines in ACOEM Chapter 8, Table 8-8 on page 182 do recommended EMG testing to clarify a diagnosis of suspected nerve root dysfunction in cases of suspected disk herniation either preoperatively or before an epidural steroid injection. In this case, however, it was not clearly stated why the EMG testing in question was sought. It was not clearly stated that the applicant was considering or contemplating a surgical intervention or epidural steroid injection therapy involving the cervical spine. Therefore, the request is not medically necessary.

NCS left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182 and 178.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine usage of NCV testing in the diagnostic evaluation of applicants without symptoms is "not recommended." In this case, as noted previously, the applicant was, per the attending provider, asymptomatic insofar as the left upper extremity was concerned on an office visit of August 14, 2014. All of the applicant's symptoms are confined to the right

shoulder, right upper extremity, and/or neck. Routine NCS testing of asymptomatic left upper extremity is not indicated, per ACOEM. Therefore, the request is not medically necessary.

NCS right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS Guidelines in ACOEM Chapter 8, page 178 do note that EMG and/or NCV testing can be obtained before ordering an imaging study in applicants in whom subtle, nerve root dysfunction is suspected. In this case, however, the attending provider concurrently sought authorization for both electrodiagnostic testing of bilateral upper extremities and MRI imaging of the cervical spine. The cervical MRI imaging, if positive, would likely obviate the need for the proposed electrodiagnostic testing, as ACOEM Chapter 8, Table 8-8, page 182 notes that electrodiagnostic testing is "not recommended" for a diagnosis of nerve root involvement if history and physical findings and/or imaging study results are consistent with suspected radiculopathy. Therefore, the request is not medically necessary.