

<b>Case Number:</b>	CM14-0154972		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 is a represented [REDACTED] employee who has filed a claim for low back pain, psychological stress, depression, anxiety, and lower extremity paresthesias reportedly associated with cumulative trauma at work between the dates September 27, 2012 through September 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 8, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. The applicant's attorney subsequently appealed. In a September 18, 2013 comprehensive evaluation, the applicant reported ongoing complaints of low back pain radiating down the left leg. The applicant had reportedly had lumbar MRI imaging of November 21, 2013 demonstrating mild multilevel degenerative changes, mild neuroforaminal stenosis and spinal stenosis at L3-L4, and mild neuroforaminal stenosis at L4-L5. Work restrictions were endorsed. It was not clearly stated whether the applicant was working or not with said limitations in place. In a doctor's first report dated April 22, 2014, the applicant reported ongoing complaints of low back pain radiating to the lower extremities, left greater than right. The applicant also reported issues with psychological stress, depression, and gastrointestinal surgery. The attending provider stated that the applicant's hypertension had been worse as a result of the injury, but did not measure the applicant's blood pressure. 12 sessions of physical therapy were endorsed, while the applicant was apparently given restrictions, which resulted in his removal from the workplace. It was stated that the applicant had a history of hypertension, through preprinted checkboxes. There was no mention of issues with diabetes or thyroid disease, however. In a handwritten note dated June 3, 2014, it was again stated that the applicant had ongoing complaints of low back pain radiating to the bilateral lower extremities, left greater than

right. Per the claims administrator, the electrodiagnostic testing of the bilateral upper extremities was sought via a pain management note and associated RFA form dated July 22, 2014. These notes do not, however, appear to have been incorporated into the IMR packet and did not appear in the log of medical records enclosed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG of the Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8 does recommend EMG testing to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation, either preoperative or before planned epidural steroid injection, in this case, however, there was no mention that the applicant was actively considering or contemplating epidural steroid injection therapy involving the cervical spine. The bulk of the information on file focused on discussion of the applicant's low back pain complaints. There was no mention of cervical radiculopathy being suspected in any of the progress notes provided, although it is acknowledged that the July 22, 2014 RFA form on which the article at issue was sought was seemingly not incorporated into the IMR packet. The information, which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

#### **EMG of the Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, does recommend EMG testing to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant actively considering or contemplating an invasive procedure involving the cervical spine. There is no mention of the applicant having any cervical radicular complaints in any of the progress notes referenced above, which seemingly focused on discussion of the applicant's primary presenting complaint of low back pain. While it is acknowledged that the July 22, 2014, progress note on which the article in question was sought

was not incorporated into the IMR packet, the information which is in on file, however, to fail to support or substantiate the request. Therefore, the request is not medically necessary.

**NCV of the Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 11, page 261 does recommend appropriate Electrodiagnostic testing, including nerve conduction testing, to help distinguish between carpal tunnel syndrome and other possible considerations, such as cervical radiculopathy, in this case, however, the July 22, 2014 progress note on which the article in question was sought was not incorporated into the IMR packet. The information which is on file, however, focuses on discussion of the applicant's lumbar spine issues. The July 22, 2014 progress note in which the article in question was sought was not incorporated into the independent medical review packet. The information which is on the file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

**NCV of the Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 11, page 261 does recommend appropriate Electrodiagnostic studies, including the nerve conduction testing at issue, to help distinguish between carpal tunnel syndrome and other considerations, such as cervical radiculopathy, in this case, however, the July 22, 2014 progress note on which the article in question was sought was not seemingly incorporated into the independent medical review packet. No rationale for the test in question was provided. The information which was on file focused on discussion of the applicant's low back pain complaints and did not support or substantiate the request. Therefore, the request is not medically necessary.