

Case Number:	CM14-0157789		
Date Assigned:	10/01/2014	Date of Injury:	05/24/2013
Decision Date:	11/05/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/25/2014

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, wrist, elbow, and low back pain reportedly associated with an industrial injury of May 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; unspecified amounts of manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated August 25, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities, stating that the applicant already had an established diagnosis of cervical radiculopathy. The applicant's attorney subsequently appealed. In a June 8, 2014 initial evaluation, the applicant presented reporting multifocal, manifold symptoms and complaints, including panic attacks, anxiety, psychological stress, chest pain, headaches, dyspepsia, difficulty breathing, neck pain, shoulder pain, wrist pain, low back pain, sleep disturbance, and insomnia. The applicant was not working and was receiving [REDACTED] Insurance (SSDI) benefits in addition to Workers' Compensation indemnity benefits, it was incidentally noted. Neck pain with tingling about the shoulder and arm were noted with numbness and tingling about the right hand and digits also appreciated. The applicant exhibited some alteration in sensorium at the right C7 dermatome distribution, although this was not clearly reported by the attending provider. MRI imaging of the lumbar spine, 12 sessions of physical therapy, and electrodiagnostic testing of the bilateral upper and bilateral lower extremities were sought. Permanent work restrictions were apparently endorsed. Medrox, Norco, Naprosyn, and omeprazole were also prescribed. On September 9, 2014, the attending provider noted that the applicant continued to have right arm, right leg, and low back pain. Altered sensorium was reportedly noted in the C7 distribution. There was no discussion of any imaging test results on this occasion. The stated diagnoses included cervical

radiculopathy, shoulder impingement, elbow epicondylitis, wrist strain, and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) of 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 Disability Guidelines, Neck & Upper Back (updated 8/4/14)Electromyography(EMG)

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8 does recommend EMG testing to clarify a diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively before an epidural steroid injection, in this case, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the cervical spine and/or considering any kind of cervical epidural steroid injection therapy on and around the date of the request. Therefore, the request of EMG (Electromyography) of right upper extremity is not medically necessary and appropriate.

NCS (Nerve Conduction Studies) of left 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 Disability Guidelines, Neck & Upper Back (updated 8/4/14)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 routine usage of NCV testing in the evaluation of applicants without symptoms is "not recommended." In this case, the attending provider's commentary suggests that the applicant's symptoms are confined to the cervical spine and right upper extremity. There was no mention made of any neurologic or neuropathic symptoms such as numbness, tingling, or paresthesias present about the left upper extremity. Nerve conduction testing of the asymptomatic left upper extremity is not recommended, per ACOEM. Therefore, the request of NCS (Nerve Conduction Studies) of left upper extremity is not medically necessary and appropriate.

NCS (Nerve Conduction Studies) of 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 Disability Guidelines, Neck & Upper Back (updated 8/4/14)Nerve conduction studies (NCS)

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, page 178 does suggest that electrodiagnostic testing, including EMG and NCV testing, can help establish physiologic evidence of nerve dysfunction before ordering an imaging study, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider seemingly suggested that cervical radiculopathy was the primary suspected diagnosis as opposed to any peripheral nerve dysfunction for which NCV testing would be indicated, per ACOEM. Therefore, the request of NCS (Nerve Conduction Studies) of right upper extremity is not medically necessary and appropriate.

EMG (Electromyography) of left 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 Disability Guidelines, Neck & Upper Back (updated 8/4/14)Electromyography(EMG)

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 routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is "not recommended." In this case, the applicant is, in fact, seemingly asymptomatic insofar as the left upper extremity is concerned. The applicant's symptoms were confined to the right upper extremity, the attending provider suggested on his progress notes, referenced above. Therefore, the request for EMG testing of the asymptomatic left upper extremity is not medically necessary.