

Case Number:	CM14-0020726		
Date Assigned:	04/30/2014	Date of Injury:	10/12/2013
Decision Date:	07/08/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/19/2014

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 represented [REDACTED] employee who has filed the claim for neck pain reportedly associated with an industrial injury of October, 12, 2013. The applicant has low back pain secondary to cumulative trauma at work. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and chiropractic manipulative therapy; transfer of care to and from various providers in various specialties; and work restrictions. In a utilization review report dated January 21, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. The applicant's attorney subsequently appealed. Also noted is a November 26, 2013, a cervical spine MRI report notable for multilevel low-grade disk protrusions of uncertain clinical significance. On December 23, 2013, the attending provider sought authorization for electrodiagnostic testing of the bilateral upper and lower extremities, noting that the applicant did have ongoing complaints of neck and low back pain. The attending provider stated that the applicant had been returned to regular work. The applicant did report multifocal shoulder, hand, neck, upper back, lower back, hip, knee, and arm pain. The applicant did report numbness, tingling, and paresthesias about the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As noted in the ACOEM Guidelines in Chapter 8, page 178, electrodiagnostic testing may help to identify subtle, focal neurologic dysfunction in applicants with neck or arm complaints or both which last greater than three to four weeks. In this case, the applicant does have long-standing neck and arm complaints. Earlier cervical MRI imaging was equivocal. The proposed EMG testing to help establish the presence or absence of a cervical radiculopathy is therefore medically necessary and appropriate.

NCV OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As noted in the ACOEM Guidelines in Chapter 8, page 178, appropriate electrodiagnostic testing, including EMG and NCV testing, can help identify subtle, focal neurologic dysfunction in applicants with persistent neck or arm symptoms which last greater than three to four weeks. In this case, the applicant does in fact have long-standing neck and arm complaints. The applicant has seemingly failed to respond favorably to conservative treatment. Earlier cervical MRI imaging was equivocal. Appropriate electrodiagnostic testing, including the nerve conduction testing that is being sought here, is therefore medically necessary to help delineate the presence or absence of a cervical radiculopathy or other upper extremity neuropathy which might be responsible for the applicant's symptoms. Therefore, the request is medically necessary and appropriate.