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| <b>Case Number:</b>   | CM14-0034776 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 05/09/2011 |
| <b>Decision Date:</b> | 07/30/2014   | <b>UR Denial Date:</b>       | 03/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/20/2014 |

### 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 low back pain reportedly associated with an industrial injury of May 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy over the course of the claim; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 20, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities while approving a cervical MRI. The claims administrator denied the request for electrodiagnostic testing of the bilateral upper extremities on the grounds that the applicant had a clinically obvious radiculopathy and owing to the fact that an MRI of the cervical spine was concurrently approved. The claims administrator also alluded to earlier electrodiagnostic testing of October 8, 2013, which revealed normal median nerve distribution bilaterally. Nerve conduction testing of October 8, 2013 was interpreted as within normal limits. Needle EMG testing was apparently not performed at that point in time. These tests were performed by a medical-legal evaluator, who gave the applicant a 6% whole person impairment rating and suggested that the applicant had not lost any time from work since the outset of the injury. On February 11, 2014, the applicant presented with persistent neck pain, had to purchase a shoulder brace, and migraines. The applicant also had unchanged symptoms about the shoulders, arms, and hands, it was stated. Dysesthesias were noted about the C6-C7 dermatome with a positive Spurling maneuver. MRI imaging of the cervical spine and electrodiagnostic testing were sought. The applicant was returned to modified work. The attending provider stated that there appeared to be some overlapping symptomatology consistent with a double-crush phenomenon. The applicant had positive Phalen and Tinel maneuvers about the wrist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography of bilateral extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for worker compensation .Neck & upper back.

**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 testing may help to distinguish between carpal tunnel syndrome and other suspected diagnoses, such as cervical radiculopathy. In this case, the applicant has persistent neck and bilateral upper extremity complaints. The attending provider has posited that the applicant may in fact have a double-crush phenomenon. ACOEM further notes that electrodiagnostic testing can be repeated later in the treatment course if earlier testing is negative. In this case, the applicant's earlier set of testing in October 2013 was, in fact, negative. EMG testing to help differentiate between suspected cervical radiculopathy and/or carpal tunnel syndrome is therefore indicated, for all of the stated reasons. Accordingly, the request is medically necessary.

**Nerve Conducting Velocity of bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for worker compensation. Neck & upper back.

**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, electrodiagnostic testing may be repeated later in the course of the treatment if symptoms persist. In this case, the applicant did have negative nerve conduction testing of the upper extremities in October 2013. Signs and symptoms of carpal tunnel syndrome, however, persist. Appropriate electrodiagnostic testing may help to establish a diagnosis of suspected carpal tunnel syndrome. Therefore, the request is medically necessary.