

<b>Case Number:</b>	CM14-0037284		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/05/2002
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 neck pain reportedly associated with an industrial injury of February 5, 2002. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier cervical laminectomy surgery; and three lumbar and three cervical epidural steroid injections between February 2013 and January 2014. In a utilization review report dated March 7, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. Non-MTUS Official Disability Guidelines (ODG) were cited exclusively. The claims administrator stated that the applicant had diagnosis of clinically evident cervical radiculopathy. Somewhat interestingly, in its clinical summary, the claims administrator then stated that the applicant had longstanding non-industrial concerns such as diabetes and hypertension. The applicant's attorney subsequently appealed. In a February 27, 2014 progress note, the applicant presented with persistent complaints of neck pain radiating into the arms and low back pain radiating in the legs. The applicant had a positive Spurling's maneuver and decreased sensorium about the left arm with atrophy of the left hypothenar space. The applicant was given a primary diagnosis of cervical radiculitis status post cervical epidural steroid injection with moderate relief. Electrodiagnostic testing of the bilateral upper extremities, Norco, and home exercise were recommended. The applicant's work status was not detailed. No rationale for the electrodiagnostic testing was furnished. However, on an emergency department note of December 22, 2013, the applicant apparently presented with heightened complaints of pain and had reportedly exhausted a supply of medications. The applicant thus presented to the emergency department for a medication refill. The applicant was described as an insulin dependent diabetic on this occasion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG (Electromyography) bilateral upper extremities:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electromyography (EMG).

**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, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other diagnoses, such as cervical radiculopathy. In this case, the applicant has longstanding cervical radicular complaints status post earlier cervical laminectomy. The applicant is an insulin dependent diabetic, bringing into question of possible generalized upper extremity peripheral neuropathy and/or focal compressive neuropathy such as carpal tunnel syndrome. Electromyography (EMG) testing to help distinguish between the possible diagnostic concerns is indicated. Therefore, the request is medically necessary.

### **NCS (nerve conduction studies) bilateral upper extremities:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NCS (nerve conduction studies).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 278.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines, electromyography (EMG) and/or NCS (nerve conduction study) testing may help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms, or both, which last greater than three to four weeks. In this case, the applicant has longstanding upper extremity paresthesias. It is unclear whether this is a result of a residual cervical radiculopathy status post earlier cervical spine surgery, the result of generalized upper extremity peripheral neuropathy secondary to diabetes mellitus, and/or the result of a focal compressive neuropathy such as carpal tunnel syndrome. NCS testing to help distinguish between some of the possible diagnoses is indicated. Therefore, the request is medically necessary.