

<b>Case Number:</b>	CM14-0050107		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	01/08/2007
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 pain reportedly associated with an industrial injury of January 8, 2007. The applicant has been treated with the following: Analgesic medications; attorney representations; earlier multilevel cervical fusion surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 29, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. The request was apparently denied on the grounds that the attending provider did not document compelling evidence or suspicion of either cervical radiculopathy or an upper extremity peripheral neuropathy. The applicant's attorney subsequently appealed. In a progress note date February 14, 2014, the applicant was described as reporting persistent 6-7/10 neck pain with paresthesias, numbness, and tingling noted about the right upper extremity, 6-7/10. The applicant had 4/5 right upper extremity strength noted with giveaway weakness and diminished sensorium also noted about the same. The applicant was described as having EMG confirmed earlier right-sided C5-C6 cervical radiculopathy with superimposed median and ulnar neuropathy. An updated electrodiagnostic testing was sought. The applicant was given refills of Norco, methadone, Neurontin, Viibryd, Naprosyn, and Norflex. On January 30, 2014, the attending provider stated that the physician utilization reviewer informed him telephonically that the request in question would be approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **NERVE CONDUCTION VELOCITY STUDIES LEFT UPPER EXTREMITY: Upheld**

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

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

**Decision rationale:** As noted by the treating provider, the applicant's symptoms are confined to the right upper extremity. The applicant is described on February 14, 2014 as exhibiting neck pain shooting down the right upper extremity with tingling, numbness, and paresthesias about the same with decreased sensorium noted about the right forearm. There was no mention made of any neurological symptoms, paresthesias, or numbness pertaining to the left upper extremity. While the California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 8, page 178 does support electromyography (EMG) testing and/or Nerve conduction velocity (NCV) testing to help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both which last greater than three or four weeks, in this case, however, the applicant reportedly had no symptoms associated with the asymptomatic left upper extremity. Therefore, the request is not medically necessary.

## **ELECTROMYOGRAPHY (EMG) LEFT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

**Decision rationale:** While the California Medical Treatment Utilization Schedule (MTUS) Guideline in American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 8, page 178 does support electromyography (EMG) and Nerve conduction velocity (NCV) testing to help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms which last greater than three to four weeks, in this case, however, as with the Nerve conduction velocity (NCV) component of the request, the applicant does not seemingly have any symptoms of numbness, tingling, or paresthesias pertaining to the left upper extremity. The admittedly limited information on file suggests that the applicant's symptoms are confined to the right upper extremity. Electro diagnostic testing of the asymptomatic left upper extremity is not indicated. Therefore, the request is not medically necessary.

## **NERVE CONDUCTION VELOCITY STUDIES OF THE RIGHT UPPER EXTREMITY: Upheld**

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

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

**Decision rationale:** While the While the California Medical Treatment Utilization Schedule (MTUS) Guideline in American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 11, page 261, does support repeating electro diagnostic testing later in the course of treatment if earlier electro diagnostic testing was negative, in this case, the applicant already has clinical and electrodiagnostic evidence of right C5-C6 radiculopathy with median and ulnar neuropathy, which the treating provider has written on February 14, 2014 was previously electromyography( EMG) confirmed. It is unclear why updated Nerve conduction velocity (NCV) testing is being sought if the applicant already carries a diagnosis of clinically evident, electro diagnostically confirmed cervical radiculopathy and clinically evident electro diagnostically confirmed ulnar and median neuropathies. Therefore, the request is not medically necessary.

**ELECTROMYOGRAPHY (EMG) RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

**Decision rationale:** As noted in the While the California Medical Treatment Utilization Schedule (MTUS) Guideline in American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) in Chapter 8, Table 8-8, page 182, electromyography (EMG) testing for diagnosis of nerve root involvement is "not recommended" as history, physical exam, and imaging study are consistent. In this case, the applicant reportedly has clinically evident, electrodiagnostic confirmed cervical radiculopathy, per the attending provider. It is unclear why repeat studies are being sought if the diagnosis in question is already clinically evident and radiographically confirmed. It has not been stated how or if repeat EMG testing would alter or influence the treatment plan here. Therefore, the request is not medically necessary.