

Case Number:	CM14-0051018		
Date Assigned:	07/11/2014	Date of Injury:	06/15/2010
Decision Date:	09/03/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/21/2014

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 shoulder pain, bilateral elbow pain, wrist pain, knee pain, ankle pain, and a hernia reportedly associated with an industrial injury of June 15, 2010. 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, also electrodiagnostic testing of the upper extremities in 2011 notable for a possible left cervical radiculopathy, unspecified amounts of physical therapy over the course of the claim and work restrictions. In a Utilization Review Report dated February 24, 2014, the claims administrator denied a request for electrodiagnostic testing of the left upper extremity, a request for electrodiagnostic testing of the left lower extremity, denied a request for electrodiagnostic testing of the right upper extremity. The claims administrator stated that there has been no progression in symptoms since the earlier study and denied the request in question. The claims administrator did not incorporate any cited MTUS or non-MTUS Guidelines into its rationale and the applicant's attorney subsequently appealed. On February 10, 2014, the applicant presented with persistent complaints of left foot, back, knee, and shoulder pain with moderate-to-severe numbness about the hands, feet, back, legs, and shoulders. The applicant was described as having symptoms of numbness and tingling about the bilateral hands and feet. The applicant was given a presumptive diagnosis of Left-Sided Cervical Radiculitis. It was stated that the earlier electrodiagnostic testing was suspicious but not conclusive for a left cervical radiculopathy. A rather proscriptive 5-pound lifting limitation was endorsed; it did not appear that the applicant was working with said limitations in place. On March 24, 2014, the applicant presented with ongoing unchanged complaints of bilateral shoulder, low back, wrist, elbow, knee, and foot pain.

The applicant had frequent, moderate tingling about the bilateral feet, elbows, and hands and work restrictions were again endorsed. Electrodiagnostic testing was also sought. Overall rationale was extremely sparse and contained very little in the way of narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of lower left extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Neck & upper back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-8, 309.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing for a clinically-obvious radiculopathy is "not recommended." In this case, the admittedly limited information on file suggests that the applicant carries an active diagnosis of lumbar radiculopathy. It is unclear what purpose or what role electrodiagnostic of left lower extremity would serve if the diagnosis in question has already been definitively established. It was not clearly stated what purpose the repeat testing would serve. It was not stated that the applicant was considering or contemplating any kind of surgical remedy or interventional spine procedure, based on the outcome of the study in question. Therefore, the request is not medically necessary.

NCS of lower left extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Neck & upper back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 14-6, 377.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, performing electrical studies without clinical evidence of a tarsal tunnel syndrome or other entrapment neuropathy is "not recommended." In this case, it is not clearly stated what is sought. It is not clearly stated what is suspected. There was no clearly voiced suspicion of an entrapment neuropathy or generalized peripheral neuropathy associated with diabetes mellitus; for instance, which would have compelled nerve conduction testing of the same. Therefore, the request is not medically necessary.

EMG of the bilateral right upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Neck & upper back chapter.

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, EMG testing for diagnosis of nerve root involvement is "not recommended" if findings of history, physical exam, and imaging studies are consistent. In this case, the results of imaging studies have not been clearly reported. It is unclear whether the applicant's suspected cervical radiculitis is radiographically confirmed or not. The attending provider has suggested that the applicant has had earlier electrodiagnostic testing in 2011 which did establish a suspected diagnosis of Cervical Radiculopathy. As with the request for electrodiagnostic testing of the lower extremities, it was not stated what purpose or what role EMG testing of the bilateral/right upper extremity would serve. No rationale for pursuit of repeat study was proffered by the attending provider. It was not stated or suggested that the applicant was considering a surgical remedy and/or considering epidural steroid injection therapy based on the results of the EMG testing in question. Therefore, the request is not medically necessary.

NCS of the bilateral right upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Neck & upper back chapter.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 261 does support repetition of electrodiagnostic testing later in the course of treatment if symptoms persist, in this case, the applicant apparently had electrodiagnostic in 2011, the results of which have not been clearly reported but were suggestive of a left-sided cervical radiculopathy. The earlier positive electrodiagnostic testing effectively obviates the need for the proposed repeat nerve conduction testing of the bilateral/right upper extremity. Therefore, the request is not medically necessary.