

Case Number:	CM14-0196180		
Date Assigned:	12/04/2014	Date of Injury:	06/06/2010
Decision Date:	01/22/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 myofascial pain syndrome and elbow epicondylitis reportedly associated with an industrial injury of June 6, 2009. In a Utilization Review Report dated November 14, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator did allude to earlier electrodiagnostic testing of November 29, 2010, reportedly negative for cervical radiculopathy. The claims administrator stated that its decision was based on a progress note and RFA form of November 6, 2014. The applicant's attorney subsequently appealed. In a May 8, 2014 progress note, the applicant reported ongoing complaints of neck pain, shoulder pain, elbow epicondylitis, myofascial pain syndrome. 5/5 upper extremity strength was appreciated. Multiple myofascial tender points were noted. A functional restoration program was sought while Tylenol No. 3 was endorsed. The applicant's work status was not clearly outlined. On December 11, 2014, the applicant again reported ongoing complaints of neck and bilateral upper extremity pain, 8/10. The applicant was using tramadol, Neurontin, Flexeril, and Lidoderm. Myofascial tender points were noted. The applicant did exhibit symmetric upper extremity reflexes and motor strength. The attending provider noted that the applicant completed four weeks of a functional restoration program. The attending provider suggested that the applicant continue home exercises. In a Medical-legal Evaluation of September 16, 2014, the medical-legal evaluator noted that the applicant had received extensive treatment via a functional restoration program. On November 6, 2014, the applicant reported ongoing complaints of neck pain with myofascial tightness about the upper extremities. Strength and reflexes about the upper extremities were intact. The applicant was given diagnosis of cervical strain, myofascial pain syndrome, repetitive strain injury, neck and upper extremity pain, disk displacement, and possible neuropathy. The attending provider stated

that he was speaking of EMG-NCV testing to assess the state of the applicant's alleged peripheral neuropathy. On November 26, 2014, the attending provider again reported that the applicant had ongoing complaints of neck pain radiating into bilateral upper extremities, which at times, could be severe. 5/5 upper extremity strength with positive Tinel signs at both wrists were noted. Positive Phalen sign at both wrists were noted. The applicant was using Flexeril, Neurontin, and Lidoderm, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS for bilateral upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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 Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic testing can help to differentiate between carpal tunnel syndrome and other superimposed conditions, such as cervical radiculopathy. ACOEM further notes that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom symptoms persist in whom earlier electrodiagnostic testing was negative. In this case, the applicant did in fact have earlier negative electrodiagnostic testing. Symptoms have persisted and/or worsened over time. The applicant does have neck pain and upper extremity paresthesias. The attending provider has called into question carpal tunnel syndrome and/or cervical radiculopathy as diagnostic considerations. Obtaining the electrodiagnostic testing at issue can help to distinguish between these diagnoses, as suggested by ACOEM. Therefore, the request is medically necessary.