

Case Number:	CM14-0198570		
Date Assigned:	12/08/2014	Date of Injury:	05/25/2011
Decision Date:	01/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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 May 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical fusion surgery; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated November 18, 2014, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced a November 11, 2014 progress note in its denial. The applicant's attorney subsequently appealed. In said November 11, 2014 progress note, the applicant reported ongoing complaints of neck pain, shoulder pain, lower back pain, highly variable, 4 to 7/10, exacerbated by lifting. The applicant exhibited visible surgical scar about the cervical spine. Tenderness was appreciated about the elbow epicondylar region and about the cervical paraspinal musculature. Symmetric reflexes were noted. Some hypo-sensorium was apparently appreciated about the legs. An interferential unit, CT scan of the cervical spine, CT scan of the lumbar spine, and CT scan of the right shoulder were all endorsed along with electrodiagnostic testing of the bilateral upper and bilateral lower extremities to rule out nerve root entrapment. An internal medicine consultation to "rule out hypertension" and neurosurgery consultation to address the cervical spine and low back were endorsed. In an orthopedic evaluation dated July 8, 2014, the applicant again reported ongoing complaints of shoulder pain, elbow pain, lower back pain, and insomnia. A highly variable 3 to 7/10 multifocal pain was noted. The applicant was using Vicodin for pain relief. The applicant exhibited surgical incision line about the cervical spine with tenderness noted about the cervical paraspinal musculature. Limited cervical range of motion was noted. Sensation was apparently grossly intact. Tenderness was noted about the elbow epicondylar region. 5/5 bilateral upper extremity

strength and symmetric upper extremity reflexes were appreciated. Electrodiagnostic testing of bilateral upper extremities and bilateral lower extremities were endorsed. The applicant's medical history was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LUE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted in the MTUS Guidelines in ACOEM Chapter 8, Table 8-8, page 182, EMG testing of the cervical spine and/or upper extremities is "not recommended" in applicants with suspected nerve root involvement of findings in history, physical exam and/or imaging study are inconsistent. In this case, the applicant was concurrently asked to undergo CT imaging of cervical spine and electrodiagnostic testing of the upper extremities. The results of CT imaging of the cervical spine, thus, could potentially obviate the need for the EMG testing also at issue. ACOEM Chapter 8, table 8-8, further notes that EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction in case of suspected disk herniation peri-operatively or before planned epidural steroid injection. However, there was no mention of the applicant's planning or considering cervical epidural steroid injection therapy. There was no mention of the applicant's actively considering or contemplating further cervical spine surgery. It was not clearly stated how the proposed EMG testing at issue would influence or alter the treatment plan. Therefore, the request is not medically necessary.

NCV RUE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, page 178, notes that EMG and NCV testing can be employed to identify subtle neurologic dysfunction in applicants with neck or arm symptoms or both, which lasts greater than three to four weeks, in this case, however, there is no mention of neurologic dysfunction or process being suspected or present here insofar as the cervical spine and/or upper extremities were concerned. Rather, it appears that the applicant presented with myofascial and muscular pain about the shoulder parascapular musculature, neck paraspinal musculature, and elbow epicondylar region. The applicant's presentation, thus, is not compatible with suspected nerve root dysfunction for which NCV testing could be considered, per ACOEM. Therefore, the request is not medically necessary.

NCV LUE: 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: While the MTUS Guideline in ACOEM Chapter 8, page 178 does suggest that EMG and NCV testing can be employed to help identify subtle neurologic dysfunction in applicants with neck or arm symptoms, which last greater than three to four weeks, in this case, however, the applicant's presentation is not compatible with neurologic dysfunction, either subtle or overt. The applicant was described as having predominantly myofascial and muscular pain complaints on office visits of November 11, 2014 and July 8, 2014, including tenderness and pain about the elbow epicondylar region, shoulder prescapular musculature, and cervical paraspinal musculature. Thus, the applicant's presentation is not consistent or compatible with neurologic dysfunction for which nerve conduction testing can be considered, per ACOEM. Therefore, the request is not medically necessary.

EMG RUE: 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): 182.

Decision rationale: While MTUS Guidelines in Chapter 8, Table 8-8, page 182 notes that EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction in case of suspected dysfunction preoperatively or before planned epidural steroid therapy, in this case, however, there was no mention of the applicant's actively considering or contemplating surgical intervention involving the cervical spine on or around the date in question. There is no mention that the applicant is actively considering or contemplating of any kind of epidural steroid injection therapy involving the cervical spine on or around the date in question. It was not clearly stated how the proposed EMG testing would influence or alter the treatment plan. Rather, it appeared that the attending provider sought authorization for multiple CT scans and electrodiagnostic tests for routine or evaluation purposes without any clearly formed intention of acting on the results of the same. Therefore, the request is not medically necessary.