

Case Number:	CM14-0208956		
Date Assigned:	12/22/2014	Date of Injury:	12/20/2013
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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, low back, shoulder, wrist, and knee pain reportedly associated with an industrial injury of December 20, 2013. In a Utilization Review Report dated November 19, 2014, the claims administrator denied request for electrodiagnostic testing of the bilateral upper and bilateral lower extremities. The claims administrator referenced an RFA form received on November 11, 2014 in its determination. The applicant's attorney subsequently appealed. On October 30, 2014, the applicant reported multifocal complaints of hand, neck, low back, knee, and shoulder pain, 8-9/10. The applicant reportedly exhibited positive McMurray maneuver about the knee with some incomplete dysesthesias noted about the right leg. The attending provider reiterated his request for electrodiagnostic testing of the bilateral upper and bilateral lower extremities to establish the presence of radiculitis versus neuropathy. The applicant did have a history of diabetes, the attending provider contended, along with issues including anxiety and depression. Bilateral hand pain was also noted. The applicant was kept off of work, on total temporary disability. Home health services were sought. MRI studies of the knee, cervical spine, lumbar spine, and brain were also endorsed. The attending provider did not state how the diagnosis of diabetes was arrived upon, nor did the attending provider state how well the applicant's alleged diabetes was or was not controlled. On May 22, 2014, the applicant alleged neck pain, shoulder pain, low back pain with radicular symptoms about the legs, and difficulty ambulating. The applicant exhibited dysesthesias noted about the right lower extremity on exam with positive Tinel and Phalen signs about the left hand and left wrist. Electrodiagnostic testing of upper and lower extremities was

again sought to search for radiculitis versus neuropathy. The applicant was 55 years old as of the date of the Utilization Review Report, it was incidentally noted. Multiple progress notes interspersed throughout 2014 were notable for comments that the applicant remained off of work, on total temporary disability, with multifocal pain complaints and continued allegations of radiculitis and/or neuropathy evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography and nerve conduction velocity studies of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Low Back Chapter, EMG, NCS

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

Decision rationale: As noted on page 261 of the ACOEM Practice Guidelines, appropriate electrodiagnostic studies may be helpful in differentiating between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. Here, the applicant has issues with neck pain, bilateral upper extremity pain, intermittent hand dysesthesias, etc., along with a history of diabetes. A variety of items, thus, including cervical radiculopathy, carpal tunnel syndrome, and/or generalized peripheral neuropathy secondary to diabetes, are, thus, on the differential diagnosis. Obtain electrodiagnostic testing to help distinguish between these considerations is, thus, indicated here. Therefore, the request is medically necessary.

1 Electromyography and nerve conduction velocity studies of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Low Back Chapter, EMG, NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309, 377.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is "recommended" to clarify diagnosis of suspected nerve root dysfunction, as appear to be present here. The applicant continues to report persistent complaints of low back pain radiating into the bilateral lower extremities. The applicant exhibited dysesthesias about at least one leg on various office visits, referenced above, throughout 2014. Thus, the EMG component of the request is indicated here. While the MTUS Guideline in ACOEM Chapter 14,

Table 14-6, page 377 does acknowledge that electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended," in this case, however, the applicant is diabetic. The applicant is 55 years old. Generalized lower extremity neuropathy is on the differential diagnosis list. Thus, the EMG component of the request is likewise indicated here. Thus, the NCV component of the request is indicated here. Therefore, the request is medically necessary.