

Case Number:	CM14-0021475		
Date Assigned:	06/13/2014	Date of Injury:	10/15/2013
Decision Date:	02/28/2015	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/20/2014

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 low back, shoulder, and neck pain reportedly associated with an industrial injury of October 15, 2013. In a Utilization Review Report dated January 31, 2014, the claims administrator failed to approve request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator did not provide the full text of the Utilization Review Report but suggested that its decision was based on an RFA form dated January 17, 2014. The applicant's attorney subsequently appealed. In a January 8, 2014 progress note, the applicant's primary treating provider, a chiropractor (DC) noted that the applicant reported persistent complaints of low back, neck, and bilateral shoulder pain, 5-9/10. The applicant reported numbness, tingling, and weakness about the upper and lower extremities, the treating provider suggested. The applicant's complaints were apparently exacerbated by lifting, carrying, pushing, pulling, and twisting activities. MRI imaging of the bilateral shoulders and electrodiagnostic testing of the bilateral upper extremities were endorsed, along with chiropractic manipulative therapy, acupuncture, and extracorporeal shock wave therapy. The applicant was kept off of work, on total temporary disability. In a Doctor's First Report (DFR), October 15, 2013, the applicant was given diagnosis of lumbar strain, right shoulder strain, and shoulder tendonitis. On October 18, 2013, the applicant reported issues with low back and right shoulder pain. Physical therapy and Medrol Dosepak were endorsed. There was no mention of neck pain issues evident on this date. On December 11, 2013, the applicant was transferred care to a new primary treating provider and was again given diagnosis of lumbar strain and bilateral shoulder strain. The applicant did report

constant neck, low back, and right shoulder pain rated at 8-9/10 with associated radiation of pain to the bilateral upper and bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for EMG testing of the right upper extremity was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that EMG testing is recommended to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperative or before a planned epidural steroid injection, in this case, however, there was no mention of the applicant's actively considering or contemplating any kind of epidural steroid injection therapy and/or interventional spine procedure based on the outcome of the EMG in question. The requesting provider did not state how the proposed EMG would influence or alter the treatment plan. The requesting provider was a chiropractor (DC), diminishing the likelihood of the applicant's acting on the results of the study in question and/or considering any kind of invasive procedure based on the outcome of the same. Therefore, the request was not medically necessary.

EMG LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for EMG testing of the left upper extremity was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before planned epidural steroid injection therapy, in this case, however, there was no mention of the applicant's actively considering or contemplating any kind of interventional procedure based on the outcome of the EMG at issue. The multifocal nature of the applicant's complaints, which included low back, shoulders, legs, lumbar spine, cervical spine, etc., significantly diminished the likelihood of the applicant's acting on the results of the proposed EMG and/or considering any kind of interventional procedure based on the outcome of the same. The requesting provider, moreover, was a chiropractor (DC), further diminishing the likelihood of the applicant's acting on the results of the procedure at issue and/or considering any

kind of interventional therapy based on the outcome of the same. Therefore, the request was not medically necessary.

NCV LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for nerve conduction testing of the left upper extremity was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, page 178 does acknowledge that EMG and NCV testing may help to identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms, or both, which last greater than three to four weeks, in this case, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider's documentation set forth diagnoses of cervical radiculitis, lumbar radiculitis, and shoulder impingement syndrome. There was no mention of the applicant's having any issues with suspected upper extremity peripheral neuropathy or upper extremity diabetic neuropathy which would have compelled the NCV the request at issue. Therefore, the request was not medically necessary.

NCV RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for nerve conduction testing of the right upper extremity was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, page 178 does acknowledge that EMG and/or NCV testing may be helpful to identify, subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both, which lasts greater than three to four weeks, in this case, however, the attending provider's documentation suggested that the applicant's neck and arm complaints were a function of cervical radiculitis process. There was no mention of the applicant's having a potential peripheral neuropathy, diabetic neuropathy, focal mononeuropathy such as carpal tunnel syndrome, etc., which would have compelled the NCV at issue. Therefore, the request was not medically necessary.