

Case Number:	CM15-0104644		
Date Assigned:	06/09/2015	Date of Injury:	09/02/2014
Decision Date:	07/15/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/01/2015

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, New York, 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 Gallagher Bassett Services beneficiary who has filed a claim for chronic neck, upper back, mid back, bilateral shoulder, and bilateral hand pain with derivative complaints of headaches and dizziness reportedly associated with an industrial injury of September 2, 2014. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced progress notes and RFA forms of March 24, 2015 and April 24, 2015 in its determination. The applicant's attorney subsequently appealed. On January 2, 2015, the applicant reported multifocal complaints of shoulder, low back, and mid back pain with derivative complaints of headaches, dizziness, and alleged diplopia. 8-9/10 pain complaints were reported. Functional capacity testing, a TENS unit, unspecified x-rays, and MRI imaging of the brain were endorsed while the applicant was placed off of work, on total temporary disability. On May 22, 2015, the applicant was, once again, placed off of work, on total temporary disability, owing to multifocal complaints of neck pain, mid back pain, low back pain, shoulder pain, and headaches, 7-8/10. The applicant reported that his neck pain was throbbing. The applicant's neck pain radiated to the shoulders, it was suggested. Cervical paraspinal tenderness was noted. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities was again sought, along with a podiatry consultation, acupuncture, orthopedic consultation, aquatic therapy, and a pain management consultation. The applicant had received 23 sessions of physical therapy to date, it was acknowledged. Ophthalmology and neurology consultation were also endorsed. The applicant was kept off of work. A functional capacity evaluation was suggested. On April 24, 2015, the applicant was, once again, placed off of work,

on total temporary disability. Twelve sessions of aquatic therapy, pain management consultation, an orthopedic consultation, eight sessions of acupuncture, functional capacity testing, electrodiagnostic testing of the bilateral upper and bilateral lower extremities, an ophthalmology consultation, and a neurology consultation were sought while the applicant was kept off of work. Ongoing complaints of neck pain radiating to the shoulders was appreciated. Headaches were reported. The attending provider did not clearly state for what issue, diagnosis, and/or purpose the electrodiagnostic testing in question was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261; 272.

Decision rationale: No, the request for nerve conduction testing of the right upper extremity is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that appropriate electrodiagnostic testing may help to differentiate between suspected cervical radiculopathy and other considerations, such as carpal tunnel syndrome, here, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider did not formulate a differential diagnoses. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 further notes that the routine usage of NCV testing in the diagnostic evaluation of nerve entrapment is deemed "not recommended". Here, the attending provider's progress note of April 24, 2015 seemingly suggested that electrodiagnostic testing of bilateral upper and bilateral lower extremities were seemingly being ordered for routine evaluation or routine assessment purposes, without any clearly-formed intention of acting on the results of the same. Therefore, the request is not medically necessary.

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261; 272.

Decision rationale: Similarly, the request for EMG testing of the left upper extremity is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that appropriate electrodiagnostic studies including the EMG at issue may be helpful in differentiating between carpal tunnel syndrome

and other suspected considerations, such as cervical radiculopathy, here, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider did not clearly formulate a differential diagnosis list. The attending provider did not state how the proposed EMG testing would influence or alter the treatment plan. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that the routine usage of EMG testing in the diagnostic evaluation of nerve entrapment is deemed "not recommended". Here, the attending provider did in fact order the nerve conduction testing in question for routine evaluation purposes, without any clearly-formed intention of acting on the results of the same. The attending provider ordered electrodiagnostic testing of bilateral upper and bilateral lower extremities for routine assessment purposes without clearly stating what he suspected and/or without clearly stating how the EMG testing at issue would influence or alter the treatment plan. The request, thus, as written, was at odds with ACOEM principles and parameters. Therefore, the request is not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261; 272.

Decision rationale: Similarly, the request for EMG testing of the right upper extremity is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that appropriate electrodiagnostic studies may be helpful in differentiating between carpal tunnel syndrome and other suspected considerations, such as cervical radiculopathy, here, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. It was not clearly stated how the EMG at issue would influence or alter the treatment plan. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine usage of EMG testing in the diagnostic evaluation of nerve root entrapment is "not recommended". Here, the attending provider did seemingly order the EMG testing at issue for routine assessment or routine evaluation purposes, without any clearly-formed intention of acting on the results of the same. The attending provider did not clearly state how the proposed EMG would influence or alter the treatment plan. The fact that electrodiagnostic testing of bilateral upper and bilateral lower extremities were concurrently ordered strongly suggested that the EMG testing in question had been ordered for routine assessment purposes, without any clearly-formed intention of acting on the results of the same. Therefore, the request is not medically necessary.

NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261; 272.

Decision rationale: Finally, the request for nerve conduction testing of the left upper extremity is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that appropriate electrodiagnostic studies may be helpful to differentiate between carpal tunnel syndrome and other suspected considerations, such as cervical radiculopathy, here, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider did not formulate a differential diagnosis list on the April 24, 2015 progress note. The attending provider did not state how the proposed nerve conduction testing would influence or alter the treatment plan. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine usage of NCV or EMG testing in the evaluation of nerve entrapment is "not recommended". Here, the fact that the attending provider ordered electrodiagnostic testing of the bilateral upper and bilateral lower extremities without clearly formulating a differential diagnosis and without clearly stating how said testing would influence or alter the treatment plan strongly suggested that such testing was being performed for routine assessment and/or routine evaluation purposes, without any clearly-formed intention of acting on the results of the same. Therefore, the request is not medically necessary.