

<b>Case Number:</b>	CM15-0134452		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	01/31/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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 43-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 3, 2014. In a Utilization Review report dated June 19, 2015, the claims administrator retrospectively denied a request for electrodiagnostic testing of the bilateral upper extremities with associated neurologic consultation performed on March 23, 2015. The claims administrator referenced an RFA form received on June 12, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 12, 2015 RFA form, electrodiagnostic testing of the bilateral upper extremities was sought with an associated neurologic consultation to evaluate a suspected cervical radiculopathy. On May 19, 2015, the applicant reported multifocal complaints of thoracic spine pain, low back pain, left lower extremity pain, and right ankle pain, ranging from 6-8/10. The applicant was on Flexeril, Norco, Naprosyn, and Protonix, it was reported. Permanent work restrictions and multiple medications were renewed. Electrodiagnostic testing of the bilateral upper extremities with neurologic consultation was sought. The applicant was given various diagnoses, including that of cervical radiculopathy, it was stated in the diagnoses section of the report. Hypoesthesia about the bilateral upper extremities in the median nerve distribution was appreciated. Overall commentary on the applicant's cervical spine issues was not clearly elaborated upon. On April 8, 2015, the applicant was deemed a "qualified injured worker," suggesting the applicant was not working. Permanent work restrictions were imposed. The applicant was given diagnoses of cervical myofascial pain, thoracic myofascial pain, and

right ankle pain. Electrodiagnostic testing of the right upper extremity of March 26, 2015 was interpreted as normal.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro (DOS: 3.23.15) EMG/NCV bilateral upper extremity with neurological consultation:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, American Association of Neuromuscular and Electrodiagnostic Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261; 182; 272.

**Decision rationale:** No, the request for electrodiagnostic testing of bilateral upper extremities with an associated neurologic consultation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does suggest that appropriate electrodiagnostic testing may be employed to help differentiate carpal tunnel syndrome from other diagnostic considerations, such as cervical radiculopathy, here, however, overall commentary on the extent of the applicant's neck and/or upper extremity issues was sparse. It was not clearly stated what was sought. It was not clearly stated what was suspected. A clear diagnosis and/or differential diagnosis were not furnished. A May 19, 2015 progress note was notable for commentary to the effect that the applicant had complaints of upper extremity numbness attributed to cervical radiculopathy. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that EMG testing is "recommended" to clarify a diagnosis of nerve root dysfunction in case of suspected disk herniation preoperatively or before a planned epidural steroid injection, here, however, it was not stated how (or if) the proposed electrodiagnostic testing influenced or altered the treatment plan. It was not stated why the electrodiagnostic testing in question was performed. Again, commentary on the extent of the applicant's cervical spine and/or upper extremity issues was minimal on May 19, 2015. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of electrodiagnostic testing in the diagnosis and evaluation of nerve entrapment is deemed "not recommended." Here, the attending provider's request for electrodiagnostic testing of the bilateral upper extremities without a clear description of what was suspected, what was sought, and/or how the proposed electrodiagnostic testing would influence or alter the treatment plan strongly suggested that the electrodiagnostic testing at issue was in fact being performed for routine evaluation purposes, without any clearly-formed intention of acting on the results of the same. Therefore, the request was not medically necessary.