

<b>Case Number:</b>	CM15-0137515		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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 28-year-old who has filed a claim for chronic neck, elbow, and low back pain reportedly associated with an industrial injury of October 3, 2012. In a Utilization Review report dated July 8, 2015, the claims administrator failed to approve a request for electro diagnostic testing of bilateral upper extremities. The claims administrator referenced a June 9, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On a handwritten progress note dated June 9, 2015, difficult to follow, not entirely legible, the applicant reported complaints of right upper extremity paresthesias. The applicant seemingly reported complaints of right shoulder and right arm pain rated as 5-6/10. The applicant was not currently working, it was acknowledged. Tenderness about the right upper trapezius and rhomboids was appreciated. The applicant apparently exhibited a positive Spurling maneuver at the neck, it was suggested. The applicant was given refills of Naprosyn and Neurontin. Electro diagnostic testing of bilateral upper extremities was sought, despite that the fact that the applicant's radicular complaints were defined at the right upper extremity. Physical therapy was endorsed. The applicant was asked to pursue three cervical epidural steroid injections. Four trigger point injections were sought. The applicant was not working, it was acknowledged towards the top of the note. The attending provider, a pain management physician, stated that he needed to obtain the results of previously performed cervical MRI imaging. In an RFA form dated June 27, 2015, 12 sessions of physical therapy, four trigger point injections, electro diagnostic testing of bilateral upper extremities, and a cervical traction device were sought. The stated diagnosis was that of cervical radiculopathy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **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): 272.

**Decision rationale:** No, the request for EMG testing of the left upper extremity was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing of the diagnostic evaluation of the applicants without symptoms is deemed "not recommended." Here, the applicant's radicular symptoms, per progress note of June 19, 2015, were seemingly confined to the symptomatic right upper extremity. The applicant was described as having issues with right upper extremity paresthesias, right shoulder pain, right arm pain, right elbow pain, etc., on that day. It did not appear that the applicant had active left upper extremity radicular pain complaints or left upper extremities paresthesias present on that date. EMG testing of the asymptomatic left upper extremity, thus, ran counter to the position set forth in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, and page 272 against electro diagnostic testing of asymptomatic body parts. Therefore, the request was 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 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** Similarly, the request for EMG testing of the right upper extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, EMG testing is deemed "not recommended" for applicants with neck and/or upper back complaints for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. Here, the requesting provider acknowledged on June 9, 2015, that he had not been furnished with the results of previously performed cervical MRI imaging, the results of which, if positive, would have effectively obviated the need for EMG testing of the right upper extremity. Therefore, the request was not medically necessary.

### **NCV Right Upper Extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Similarly, the request for nerve conduction testing of the right upper extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 the routine usage of the NCV or EMG testing of the diagnostic evaluation of nerve entrapment is deemed "not recommended." Here, it did appear that the NCV in question was ordered for routine evaluation purposes. It was not clearly stated why NCV testing when the applicant was already given an established diagnosis of cervical radiculopathy via an RFA form of June 23, 2015. The applicant was asked to pursue cervical epidural steroid injection therapy on June 9, 2015. It appeared, thus, the applicant had an established diagnosis of cervical radiculopathy, which seemingly obviated the need for the nerve conduction testing in question. Therefore, the request was not medically necessary.

**NCV Left Upper Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Finally, the request for NCV testing of left upper extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing in the evaluation of the applicants without symptoms is deemed "not recommended." Here, the July 9, 2015 progress note at issue, suggested that the applicant's radicular pain complaints were confined to the symptomatic right upper extremity. It was not clearly stated why nerve conduction testing of the seemingly asymptomatic left upper extremity was proposed. The attending provider's handwritten progress note of June 9, 2015 did not set forth a clear or compelling case for the same in the face of the unfavorable ACOEM position on electro diagnostic testing of asymptomatic body parts. Therefore, the request was not medically necessary.