

<b>Case Number:</b>	CM15-0138370		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	02/02/2015
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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 54-year-old who has filed a claim for neck pain reportedly associated with an industrial injury of February 2, 2015. In a utilization review report dated July 1, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced an RFA form received on June 25, 2015 and a progress note dated June 10, 2015 in its determination. The claims administrator stated that his decision was based on non-MTUS Third Edition ACOEM Guidelines but did not incorporate the same into the body of his report or its rationale. The applicant's attorney subsequently appealed. In a June 29, 2015 progress note, the applicant was described as having ongoing complaints of neck pain radiating into the left arm. Residual complaints of weakness about the left arm were noted. The applicant was described as having no major motor deficits about the left arm on exam. No major sensory deficits were appreciated. The attending provider stated that the applicant had residual weakness of the left upper extremity secondary to cervical radiculopathy. The attending provider referenced cervical MRI imaging demonstrating disc protrusions at C5-C6 and C6-C7 which the attending provider stated contacted the anterior spinal cord at these levels. Electrodiagnostic testing was nevertheless endorsed. The applicant was returned to regular work. It was not stated how (or if) the proposed electrodiagnostic testing would influence or alter the treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **EMG/NCS of the Bilateral 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, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272; 182.

**Decision rationale:** No, the request for electrodiagnostic testing of bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine usage of EMG or NCV testing in the evaluation of applicants without symptoms is deemed "not recommended." Here, the June 29, 2015 progress note, referenced above, suggested that the applicant's radicular pain complaints were confined to the symptomatic left upper extremity. There was no mention of the applicant's having any radicular signs or symptoms about the seemingly asymptomatic right upper extremity. The electrodiagnostic testing of the bilateral upper extremities at issue would, by definition, involve testing of the asymptomatic right upper extremity and was at odds with the position against such testing set forth in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272. The MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 also notes that EMG testing is "not recommended" for a diagnosis of nerve root involvement if findings of history, physical exam and imaging study are consistent. Here, the attending provider's progress note of June 29, 2015 did state that the applicant had disc protrusions at C5-C6 and C6-C7, which did contact the anterior spinal cord at these levels. The attending provider stated that these disc protrusions did account for the applicant's ongoing left upper extremity radicular pain complaints. The prior positive cervical MRI findings, thus, effectively obviated the need for the electrodiagnostic testing in question. Therefore, the request was not medically necessary.