

<b>Case Number:</b>	CM15-0140351		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	11/21/2009
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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 32-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP), complex regional pain syndrome (CRPS) and carpal tunnel syndrome with derivative complaints of anxiety and depression reportedly associated with an industrial injury of November 21, 2009. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced a June 26, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On January 30, 2015, the applicant was placed off of work, on total temporary disability. Norco was renewed. Multifocal complaints of hand and wrist pain with derivative complaints of anxiety and depression were reported. The applicant stated that activities of daily living were constrained secondary to pain complaints. The applicant was given various diagnoses including cervical radiculopathy status post multiple epidural steroid injections, chronic low back pain, anxiety and depression, chronic pain syndrome, status post spinal cord stimulator implantation, carpal tunnel syndrome status post right carpal tunnel release surgery, and complex regional pain syndrome status post multiple stellate ganglion blocks. On April 7, 2015, the claimant was again given various diagnoses, including complex regional pain syndrome and cervical radiculopathy. Multifocal complaints of neck, bilateral shoulder, bilateral wrist and bilateral elbow pain were reported. Ambien, Norco, Zanaflex, and Prozac were renewed while the applicant was placed off of work, on total temporary disability. The remainder of the file was surveyed; the claims administrator's medical evidence log seemingly suggested that the most recent clinical progress note provided was in fact dated April 7, 2015; thus, the more recent June 26, 2015 progress note made available to the

claims administrator was not seemingly incorporated into the IMR packet.

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

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

**EMG/NCV of bilateral upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, Chronic Pain Treatment Guidelines CRPS, diagnostic criteria Page(s): 35-37.

**Decision rationale:** No, the request for electrodiagnostic testing of the bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. The stated diagnoses here, per multiple progress notes, including the most recent progress note of April 7, 2015 on file were cervical radiculopathy and complex regional pain syndrome (CRPS). However, the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 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 stated on multiple office visits, referenced above, that the applicant's presentation was in fact suggestive of both complex regional pain syndrome and cervical radiculopathy. While page 37 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that nerve damage associated with CRPS can be detected by EMG, this recommendation is, however, qualified by commentary made on page 35 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there are no gold standard diagnostic criteria for complex regional pain syndrome. Again, however, the June 26, 2015 progress note, which the claims administrator based its decision upon, was not incorporated into the IMR packet. The documentation provided failed to establish a clear or compelling case for the electrodiagnostic testing at issue was not in the face of the applicant's seemingly already carrying confirmed, well-established diagnoses of complex regional pain syndrome and cervical radiculopathy. Therefore, the request was not medically necessary.