

Case Number:	CM15-0147885		
Date Assigned:	08/10/2015	Date of Injury:	12/05/2012
Decision Date:	09/14/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of December 12, 2012. In a Utilization Review report dated July 23, 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 July 15, 2015 in its determination. The applicant's attorney subsequently appealed. On May 12, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was status post a right suprascapular injection, it was reported. The note was difficult to follow as it mingled historical issues with current issues. The applicant reported numbness, tingling, and paresthesias about the right arm and right hand, it was reported. The applicant was not working and was avoiding socializing with friends and exercising secondary to pain complaints, it was reported. The applicant exhibited a positive right-sided Spurling maneuver with positive Tinel sign about the right brachial plexus, it was reported. The applicant's upper extremity strength was scored at 5/5 throughout with the exception of some isolated muscle groups about the right arm scored at 4+/5, including the right shoulder flexors and right wrist extensors. Hyposensorium about the right C6-C7 dermatomes were reported. The applicant was asked to obtain electrodiagnostic testing of the bilateral upper extremities to rule out cervical radiculopathy. The attending provider again acknowledged that earlier electrodiagnostic testing of February 28, 2013 was notable for severe right-sided carpal tunnel syndrome. The attending provider again reiterated his request for electrodiagnostic testing of the bilateral upper extremities on June 6, 2015, noting that it was needed to rule out a carpal tunnel

syndrome versus a brachial plexus injury. The attending provider noted that the applicant had ongoing complaints of neck pain radiating to the right arm. Hyposensorium about the right C6-C7 dermatome was appreciated with right upper extremity ranging from 4-5/5. On July 11, 2015, the applicant was placed off of work, on total temporary disability, while the attending provider reiterated the request for electrodiagnostic testing of bilateral upper extremities. Once again, the attending provider stated that the applicant had complaints of neck pain into right shoulder and right arm.

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 extremities (to rule out cervical radiculopathy/brachial plexus injury): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Electrodiagnostic testing for TOS (thoracic outlet syndrome). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Nerve conduction studies (NCS).

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

Decision rationale: No, the request for electrodiagnostic testing of the bilateral upper extremities to rule out cervical radiculopathy versus brachial plexus injury was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniations preoperatively or before an epidural steroid injection, here, however, the attending provider's documentation of commentary carried over historical findings from visit to visit and did not clearly state how (or if) the proposed electrodiagnostic testing would influence or alter the treatment plan. There was no mention of the claimant's willingness to consider contemplated surgical intervention or a cervical epidural steroid injection based on the outcome of the study in question. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of NCV or EMG testing for diagnostic evaluation of applicants without symptoms is deemed "not recommended." Here, the applicant's purported radicular pain complaints were confined to the symptomatic right upper extremity, it was reported on office visits of July 11, 2015, June 6, 2015, and May 5, 2015. It was not clearly stated why electrodiagnostic testing of the bilateral upper extremities to include the seemingly asymptomatic left upper extremity was sought in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.