

<b>Case Number:</b>	CM15-0163008		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/25/2007
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 61-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 25, 2007. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the left upper extremity. The claims administrator referenced an RFA form received on July 31, 2015 and an associated progress note of the same date in its determination. The claims administrator did not seemingly incorporate any guidelines into its report rationale. The applicant's attorney subsequently appealed. On said July 31, 2015 RFA form, lumbar MRI imaging, electrodiagnostic testing, and a neurology evaluation were sought. In an associated progress note of July 31, 2015, the applicant presented some five years removed from earlier multilevel cervical fusion surgery. The applicant presented with bilateral upper extremity numbness and tingling as well as bilateral foot burning with difficulty walking lengthy distances. The attending provider contended that the applicant had issues with carpal tunnel syndrome and that a previous neurology evaluation was equivocal. The applicant also had issues with lumbar radiculopathy, the attending provider contended. The applicant's medication list included Tramadol, Naprosyn, Prilosec, Misoprostol, Robaxin, Neurontin, Diclofenac, and Cyclobenzaprine, it was reported. The applicant was severely obese, with a BMI of 37. The applicant was described as having an unspecified pancreatic disorder. The applicant was given diagnoses of bilateral carpal tunnel syndrome, a history of cervical fusion, lumbar degenerative disk disease, and complex regional pain syndrome of the feet. The applicant was asked to obtain electrodiagnostic testing of bilateral upper extremities. Lumbar MRI imaging and a functional capacity evaluation were sought. The attending provider suggested that the applicant was not

currently working but felt that the applicant should return to work. The attending provider suggested that a previous neurologic evaluation was equivocal.

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

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

**EMG/NCS of left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm Wrist & Hand (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** Yes, the request for electrodiagnostic testing of the left upper extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom symptoms persist in whom earlier testing was negative. Here, the attending provider's progress note of July 31, 2015 suggested (but did not clearly state) that the applicant's presentation was suggestive or evocative of carpal tunnel syndrome and/or superimposed cervical radiculopathy but that an earlier neurologic evaluation, presumably including earlier electrodiagnostic testing, was in fact equivocal for suspected carpal tunnel syndrome. Moving forward with repeat electrodiagnostic testing was, thus, indicated. Therefore, the request is medically necessary.