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| Case Number: | CM15-0184258 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 07/15/2014 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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 low back pain reportedly associated with an industrial injury of July 15, 2014. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral upper extremities. The claims administrator referenced an August 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 11, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 6 to 7/10. Multifocal complaints of neck, hip, leg, jaw, forearm, elbow, and wrist pain were also reported. The applicant was off of work, it was acknowledged. The applicant exhibited a negative Spurling maneuver about the neck, it was reported. The applicant was given an operating diagnosis of lumbar spine myospasm and myalgias with bilateral lower extremity radiculopathy. Naprosyn, Protonix, and lumbar epidural steroid injection were endorsed. The applicant was given work restrictions, although the treating provider acknowledged that the applicant was not working with said limitations in place. Electrodiagnostic testing of the bilateral upper extremities was incidentally sought, without a clear rationale as to what was suspected.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) Electromyography (EMG) (NCS).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for EMG-NCV testing of bilateral upper extremities 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 EMG or NCV testing of the diagnostic evaluation of nerve entrapment is deemed not recommended. Here, the attending provider's August 11, 2015 progress note was thinly and sparsely developed insofar as the request for electrodiagnostic testing of bilateral upper extremities was concerned. It was not stated precisely what was sought. It was not stated what was suspected. The applicant's multifocal pain complaints argued against the presence of any bona fide cervical radiculopathy, median neuropathy, etc. The applicant's primary pain generator was the low back, it was reported on that date. The bulk of the discussion and commentary on that date compromised the discussion of the applicant's primary presenting complaint of low back pain. The attending provider's request for electrodiagnostic testing of bilateral upper extremities without a clear differential diagnosis list and without a clear statement as to precisely what was suspected, thus, was at the odds with MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272. Therefore, the request is not medically necessary.