

Case Number:	CM15-0190565		
Date Assigned:	10/02/2015	Date of Injury:	12/01/2014
Decision Date:	11/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/28/2015

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, knee, hip, and shoulder pain reportedly associated with an industrial injury of December 1, 2004. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve requests for EMG testing of the left upper extremity and EMG testing of the right upper extremity. The claims administrator referenced an August 19, 2015 progress note and an associated August 27, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On August 19, 2015, the applicant reported ongoing complaints of neck, knee, and right foot pain. The note comprised, in large part, of preprinted checkboxes, without any supporting rationale or commentary. The applicant was placed off of work, on total temporary disability, while MRI imaging of the cervical spine and electrodiagnostic testing of the bilateral upper and bilateral lower extremities was ordered. Overall commentary was sparse.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: No, the request for EMG testing of the left upper extremity was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, EMG testing is deemed "not recommended" for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. Here, MRI imaging of the cervical spine was ordered on August 19, 2015, which, if positive, would seemingly have obviated the need for the EMG testing in question. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, also notes that the routine usage of NCV EMG testing in the diagnostic evaluation of the nerve entrapment is deemed "not recommended." Here, the fact that the attending provider concurrently ordered EMG testing of the upper and lower extremities on August 19, 2015, through usage of preprinted checkboxes, without any supporting rationale or commentary, strongly suggested that said testing had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: Similarly, the request for EMG testing of the right upper extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, EMG testing is deemed "not recommended" for a diagnosis of nerve root involvement and findings of history, physical exam, and imaging study are consistent. Here, the attending provider ordered cervical MRI imaging on August 19, 2015, the results of which, if positive, would seemingly obviate the need for the EMG testing in question. It was not clearly stated why EMG testing was ordered without some assessment of the concurrently ordered MRI results. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of EMG testing in the evaluation of nerve root entrapment is deemed "not recommended." Here, the fact that EMG testing of the upper and lower extremities was concurrently ordered on the same date of service, August 19, 2015, strongly suggested that said EMG testing had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The attending provider's August 19, 2015 progress note failed to furnish much in the way of supporting rationale or supporting commentary for the request, which was initiated through usage of preprinted checkboxes. Therefore, the request was not medically necessary.