MAXIMUS Federal Services

| Case Number: | CM15-0196757 | | |
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| Date Assigned: | 10/12/2015 | Date of Injury: | 07/23/1999 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 09/24/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

## 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 23, 1999. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced a September 19, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 18, 2015, the applicant reported ongoing issues with chronic neck pain with radiation of pain to bilateral upper extremities. The applicant had undergone earlier cervical and lumbar spine surgeries, it was reported. The applicant was on Soma and Kadian. The applicant was disabled, the treating provider reported in the social history section of the note. The applicant was asked to perform MRI imaging of the cervical spine, MRI imaging of the thoracic spine, and electrodiagnostic testing of the bilateral upper extremities. A pain management consultation was sought. The attending provider noted that it was highly unlikely that the claimant would ever return to work. The claimant did exhibit 5/5 strength about the bilateral upper extremities despite dysesthesias about the same. It was not stated how (or if) the proposed electrodiagnostic testing would influence or alter the treatment plan.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**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 electrodiagnostic testing (EMG/NCV) of the bilateral upper extremities 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 a diagnosis of nerve root involvement if findings of history, physical exam, and imaging studies are consistent. Here, the applicant was described as having longstanding issues of upper extremity pain attributed to residual cervical radiculopathy status post earlier failed cervical spine surgery. It was not clearly stated why repeat electrodiagnostic testing was sought if the diagnosis in question was already clinically evident. It was not stated how (or if) the proposed electrodiagnostic testing would influence or alter the treatment plan. 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 nerve entrapment is deemed "not recommended." Here, the fact that MRI imaging of the cervical spine, MRI imaging of the lumbar spine, and electrodiagnostic testing of the bilateral upper extremities were all concurrently ordered on the same date of service, September 18, 2015, strongly suggesting that the study 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.