

Case Number:	CM15-0199696		
Date Assigned:	10/14/2015	Date of Injury:	02/14/2006
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/12/2015

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 63-year-old who has filed a claim for chronic low back, wrist, and hand pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of February 14, 2006. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral upper extremities. The claims administrator referenced an August 31, 2015 office visit in its determination. On an RFA form dated September 11, 2015, electrodiagnostic testing of bilateral upper extremity was sought. On an associated progress note dated August 31, 2015, the applicant reported ongoing complaints of neck and low back pain with radiation of neck pain to the right arm. Low back pain radiating to the bilateral lower extremities was also reported. The applicant exhibited negative Tinel and Phalen signs at the wrist. 5/5 upper extremity motor function was reported. The applicant was given diagnoses of cervical and lumbar degenerative disc disease and left carpal tunnel syndrome. An updated electrodiagnostic testing, cervical MRI imaging, and lumbar MRI imaging was also sought. While the applicant was given a diagnosis of left-sided carpal tunnel syndrome, there was no mention of the applicant having any issues with left upper extremity paresthesias on this date. On May 11, 2015, the applicant reported ongoing issues with numbness and tingling about the right leg, low back, and neck with radiation of pain to the left arm. Occasional numbness about the left arm was reported in another section of the note with alleged weakness about the right hand. The applicant had undergone an earlier right-sided carpal tunnel release procedure, it was reported. MRI imaging of the cervical and lumbar spine was sought. The applicant was also described as having possible left-sided carpal tunnel syndrome. The attending provider stated that he was intent on obtaining the results of earlier electrodiagnostic testing for his review. On March 31, 2015, the applicant was described as having tingling about the left hand and suspected left carpal tunnel syndrome. The applicant had undergone an earlier right carpal tunnel release procedure, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS, right and left upper extremities: Overturned

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

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

Decision rationale: Yes, the request for electrodiagnostic testing (EMG) of the right and left upper extremities was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic testing may be helpful in differentiating between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. Here, however, multiple progress notes, referenced above, interspersed throughout 2015 suggested that the applicant had ongoing issues with neck pain and upper extremity paresthesias which did call into question a suspected cervical radiculopathy and/or a superimposed bilateral carpal tunnel syndrome. Obtaining electrodiagnostic testing to distinguish between these possible considerations was, thus, indicated. Therefore, the request was medically necessary.