

<b>Case Number:</b>	CM15-0200387		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 55-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of May 27, 2009. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the right upper extremity. The claims administrator referenced an August 19, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 19, 2015 office visit, the applicant reported ongoing complaints of neck and low back pain. The applicant also had issues with fibromyalgia superimposed on the same, the treating provider reported. The attending provider referenced electrodiagnostic testing of the right upper extremity of February 2013 which demonstrated a C7-C8 cervical radiculopathy with superimposed right-sided carpal tunnel syndrome. The applicant exhibited dysesthesias about the right hand and a positive Spurling maneuver, the treating provider reported. The applicant was given various diagnoses, including cervical radiculopathy and carpal tunnel syndrome. A cervical epidural steroid injection was sought, as was a lumbar epidural steroid injection. The attending provider also ordered electrodiagnostic testing of upper and lower extremities, seemingly without much supporting rationale.

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

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

### **One (1) EMG/NCS of right upper extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** No, the request for electrodiagnostic testing (EMG-NCV) of the right upper extremity was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom earlier testing was negative, in whom symptoms persist. Here, however, the attending provider stated on August 19, 2015 that historical electrodiagnostic testing of February 2013 was positive both for cervical radiculopathy and a superimposed carpal tunnel syndrome, seemingly obviating the need for the repeat testing at issue. Therefore, the request was not medically necessary.