

Case Number:	CM15-0200482		
Date Assigned:	10/15/2015	Date of Injury:	05/27/2009
Decision Date:	12/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	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 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 left 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 multifocal complaints of neck and low back pain superimposed on issues of fibromyalgia. The applicant was using Savella and Norco for pain relief, it was acknowledged. The applicant was also receiving manipulative therapy, it was reported. The attending provider documented that the claimant's neuropathic pain complaint was sparse, although the attending provider stated in the Objective section of the note that the applicant had dysesthesias about the right hand and a positive right-sided Spurling maneuver. The attending provider also referenced electrodiagnostic testing of February 2013 demonstrating a right carpal tunnel syndrome superimposed on issues with right C7-C8 cervical radiculopathy. A cervical epidural injection was sought. Electrodiagnostic testing of upper and lower extremities was seemingly ordered, without much supporting rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCS of left upper extremity related to cervical spine injury as outpatient: Upheld

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

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

Decision rationale: No, the request for electrodiagnostic testing (EMG-NCV) of the left upper extremity 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 in the evaluation of applicants without symptoms is deemed "not recommended." Here, the August 19, 2015 progress note, while thinly and sparsely developed, seemingly suggested that the applicant's cervical radicular and/or neuropathic pain complaints were confined to the symptomatic right upper extremity. Electrodiagnostic testing of the reportedly asymptomatic left upper extremity, thus, was at odds with the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272. Therefore, the request is not medically necessary.