

<b>Case Number:</b>	CM15-0099292		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 Gallagher Bassett Services, Incorporated beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 6, 2012. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced a March 27, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said progress note of March 27, 2015, the applicant reported ongoing complaints of neck, mid back, bilateral shoulder, and bilateral elbow pain. Work restrictions were endorsed, although it was acknowledged that the applicant was not working. The applicant had had right shoulder surgery in February 2015, it was reported. Acupuncture and infrared therapy were endorsed. The electrodiagnostic testing at issue was not seemingly discussed. On February 27, 2015, the applicant reported ongoing complaints of neck, bilateral shoulders, bilateral elbows, bilateral wrists, mid back, low back, knee, and bilateral feet pain with derivative complaints of depression, anxiety, dyspepsia, and headaches. The applicant exhibited numbness, tingling, and paresthesias about the hands and digits. The applicant exhibited positive Tinel and Phalen signs about the bilateral wrists, the treating provider reported. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities were proposed. The applicant was asked to pursue acupuncture, and manipulative therapy, it was reported. Several topical compounded medications, a lumbar support, and a pain management consultation were proposed while the applicant was placed off of work, on total temporary disability. A medical-legal evaluator reported on January 21, 2015 that the applicant had had electrodiagnostic testing performed on

January 15, 2015 which did demonstrate mild-to-moderate bilateral carpal tunnel syndrome without evidence of cervical radiculopathy.

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

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

**Electromyography (EMG) left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 11/18/2014) - Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** No, the request for EMG testing of the left 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, earlier electrodiagnostic testing of January 15, 2015 was in fact positive and did demonstrate evidence of mild-to-moderate bilateral carpal tunnel syndrome, seemingly obviating the need for the repeat electrodiagnostic testing in question. Therefore, the request was not medically necessary.

**Nerve Conduction Velocity (NCV) right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 11/18/2014) - Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** Similarly, the request for nerve conduction testing of the right upper extremity was likewise 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 symptoms persist, in whom earlier testing was negative, here, however, electrodiagnostic testing of January 15, 2015 was reportedly positive for mild-to-moderate bilateral carpal tunnel syndrome, effectively obviating the need for the repeat nerve conduction testing in question. Therefore, the request was not medically necessary.

**NCV left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 11/18/2014) - Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** Similarly, the request for nerve conduction testing of the left upper extremity was likewise 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, earlier electrodiagnostic testing of January 15, 2015 was positive and did establish a diagnosis of mild-to-moderate bilateral carpal tunnel syndrome, effectively obviating the need for the repeat nerve conduction testing request. Therefore, the request was not medically necessary.

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 11/18/2014) - Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** Finally, the request for EMG testing of the right upper extremity was likewise 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 symptoms persist in whom earlier testing was negative. Here, however, earlier electrodiagnostic testing of January 15, 2015 was in fact positive for mild-to-moderate bilateral carpal tunnel syndrome and effectively obviated the need for the repeat EMG request in question. Therefore, the request was not medically necessary.