

<b>Case Number:</b>	CM14-0134809		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	06/02/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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] employee who has filed a claim for chronic neck pain, low back pain, mid back pain, and left shoulder pain reportedly associated with cumulative trauma at work between the dates June 1, 1999 through October 19, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and topical agents. In a Utilization Review Report dated July 28, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator did not incorporate any guidelines into its rationale but stated that the documents suggested that the applicant was magnifying her symptoms. The claims administrator also stated that the requesting provider might not have access to prior testing done through other providers. The applicant's attorney subsequently appealed. In a June 20, 2014 Doctor's First Report (DFR), the claimant apparently transferred care to a new primary treating provider (PTP). 5/10 neck pain radiating into the left upper extremity and left digits was noted. Numbness, tingling, and paresthesias about the left digits were also noted. 5/10 low back pain radiating into the bilateral lower extremities was also appreciated, along with left shoulder pain. The applicant was obese, with a BMI of 36. The applicant was status post ankle surgery and cholecystectomy. The applicant was on Motrin. 4 to 4-5 left upper extremity strength was noted versus 4/5 right upper strength noted. The applicant was given prescriptions for LidoPro, Norflex, and Ketoprofen. Eight sessions of acupuncture were sought. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities was sought. A rather proscriptive 4- to 5-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG bilateral upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 277.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is "not recommended." In this case, the attending provider's DFR of June 20, 2014 suggested that the applicant's radicular complaints/neuropathic complaints were confined to the left upper extremity. The applicant reported neck pain radiating into left upper extremity. There was no mention of the applicant's having any issues or symptoms involving the seemingly asymptomatic right upper extremity. Since EMG testing of the bilateral upper extremities would, by implication, involve testing of the asymptomatic right upper extremity, the request, as written, cannot be supported as it runs counter to ACOEM principles and parameters. Therefore, the request is not medically necessary.

**NCS bilateral upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is "not recommended." In this case, the requesting provider has himself seemingly acknowledged that the applicant is asymptomatic insofar as the right upper extremity is concerned and has further noted that the applicant's neuropathic symptoms of numbness, tingling, and paresthesias are confined to the symptomatic left upper extremity. Since nerve conduction testing of the bilateral upper extremities would, by implication, involve testing of the asymptomatic left upper extremity, the request, as written, cannot be supported as it runs counter to ACOEM principles and parameters. Therefore, the request is not medically necessary.