

<b>Case Number:</b>	CM14-0210010		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic neck pain, knee pain, headaches, low back pain, jaw pain, anxiety, posttraumatic stress disorder, and blurred vision reportedly associated with an industrial injury of September 16, 2013. In a Utilization Review Report dated December 10, 2014, the claims administrator partially approved a request for electrodiagnostic testing of the bilateral upper extremities as EMG testing of the left upper extremity alone. The claims administrator referenced a progress note dated December 1, 2014 in its determination. The claims administrator noted that the applicant had undergone earlier cervical spine surgery and had reportedly undergone MRI imaging of the cervical spine in October 2014 demonstrating multilevel degenerative changes. The claims administrator contended that the applicant's symptoms were unilateral and partially approved a request for EMG testing of the left arm alone. The applicant's attorney subsequently appealed. MRI imaging of the cervical spine dated October 21, 2014 was notable for multilevel cervical disk degeneration at C4-C5, C5-C6, and C6-C7. In a Medical-legal Evaluation dated October 24, 2014, the claims administrator placed the applicant off of work, on total temporary disability. Cervical disk degeneration was one of the stated diagnoses. The applicant was described as having pain about the low back, left arm, and neck. The applicant exhibited a normal gait. The medical-legal evaluator noted that the applicant had a history of hypothyroidism. Multiple MRI studies, including MRI imaging of the cervical spine and lumbar spine were ordered by the medical-legal evaluator. In a November 21, 2014 progress note, the applicant reported ongoing complaints of headaches, concussion, sleep disturbance, shoulder

pain, and posttraumatic stress disorder. Low back pain radiating to lower extremities was also appreciated. The applicant's medications included Norco, Levoxyl, Lopressor, chlorthalidone, Xanax, and Paxil. The applicant's BMI was 27. Norco was refilled. The attending provider stated that the applicant needed further workup for allegations of dizziness. On December 1, 2014, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant also reported complaints of neck pain radiating into the left arm, exacerbated by certain types of motion. The applicant's medications included Levoxyl, Lopressor, Paxil, Norco, and Xanax. MRI imaging of the thoracic spine, electrodiagnostic testing of the cervical spine and upper limbs, CT imaging of the lumbar spine, and CT imaging of the cervical spine were endorsed. Cervical radiculopathy was stated as a possible consideration. The requesting provider, it is incidentally noted, was a neurosurgeon.

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

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

**EMG of left upper extremity/cervical spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 8, page 178, EMG testing and nerve conduction studies may help to identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both which persist greater than three to four weeks. Here, the applicant reported persistent complaints of neck pain radiating into the left arm. Earlier cervical MRI imaging of October 2014 was, as noted above, nondescript/equivocal and failed to uncover any clear or compelling evidence of cervical radiculopathy. Obtaining EMG testing, thus, may be helpful in establishing a diagnosis of cervical radiculopathy. It is further noted that the applicant has superimposed issues with hypothyroidism. Thus, hypothyroidism-induced neuropathy is also a possibility. EMG testing, thus, can be beneficial here to distinguish between a cervical radiculopathy and/or hypothyroidism-induced left upper extremity neuropathy. Therefore, the request is medically necessary.

**NCV of the right upper extremity/cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178, 272.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, page 178 does acknowledge that EMG and/or NCV testing can be helpful in identifying subtle, focal neurologic dysfunction in applicants with neck and/or arm pain complaints which persist greater than three

to four weeks, this recommendation is, however, qualified by commentary made in ACOEM Chapter 11, Table 11-7, page 272 to the effect that the routine usage of NCV or EMG testing in the evaluation or screening of applicants without symptoms is deemed "not recommended." Here, the attending provider noted on the December 1, 2014 office visit, referenced above, that the applicant's radicular pain complaints/neuropathic pain complaints were confined to the symptomatic left upper extremity. There was no mention of any neuropathic or neurologic symptoms associated with the left upper extremity. Similarly, a medical-legal evaluator also noted in October 2014 that the applicant's radicular pain complaints were confined to the symptomatic left upper extremity. Testing of the asymptomatic right upper extremity, thus, was/is not indicated. Accordingly, the request is not medically necessary.

**NCV of the left upper extremity/cervical spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 8, page 178, EMG and/or NCV testing can help to identify subtle, focal neurologic dysfunction in applicants with neck or arm complaints or both, which persist beyond three to four weeks. Here, the applicant has been symptomatic for a span of several months. The applicant has ongoing complaints of neck pain. Earlier cervical MRI imaging was, in fact, nondescript to equivocal. The applicant has issues with hypothyroidism, increasing the likelihood of the applicant's having issues with a hypothyroidism-induced neuropathy, for instance. Nerve conduction testing; thus, can be valuable in distinguishing between a possible cervical radiculopathy versus a possible hypothyroidism-induced neuropathy. Therefore, the request is medically necessary.

**EMG of the right upper extremity/cervical spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 272.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, page 178 does acknowledge that EMG or NCV testing is indicated to help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms which persist greater than three to four weeks, this recommendation is, however, qualified by commentary in ACOEM Chapter 11, Table 11-7, page 272 to the effect that the routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is deemed "not recommended." Here, the applicant was/is, in fact, asymptomatic insofar as the right upper extremity is concerned. The applicant's radicular/neuropathic pain complaints, per both the neurosurgeon consultant of December 1, 2014 and an earlier medical-legal evaluator, are confined to the left upper extremity. EMG

testing of the asymptomatic right upper extremity, thus, is not indicated. Therefore, the request is not medically necessary.