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| **Case Number:** | CM15-0013418 | | |
| **Date Assigned:** | 02/02/2015 | **Date of Injury:** | 06/02/2011 |
| **Decision Date:** | 03/23/2015 | **UR Denial Date:** | 12/30/2014 |
| **Priority:** | Standard | **Application Received:** | 01/23/2015 |

## 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, 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 injured worker is a 58 year old male, who sustained an industrial injury on 06/02/2011. He has reported subsequent low back, left shoulder, right knee and right leg pain and was diagnosed with rupture of lumbar spine disc, right and left knee strain and left shoulder strain. Treatment to date has included oral pain medication, acupuncture and lumbar epidural injections. In a progress note dated 12/08/2014, the injured worker was noted to complain of low back radiating to the right foot, left shoulder pain radiating to the elbow and bilateral knee/leg pain radiating to the low back and bilateral ankles. Objective physical examination findings were notable for diffuse lumbar tenderness, minimal acromioclavicular prominence of the left and right shoulders, diffuse knee tenderness and slight crepitation bilaterally. The physician requested authorization of electrodiagnostic studies of the upper extremities due to prolonged upper extremity neuroradicular complaints.On 12/30/2014, Utilization Review non-certified a request for electromyogram of the right and left upper extremities, noting that there was no clear physical examination of the neck and left shoulder suggestive of a dermatomal abnormality or significant deficits. MTUS and ODG guidelines are cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** FILE NUMBER: CM15-0013418CLINICAL SUMMARY: The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 2, 2011.In a Utilization Review Report dated December 30, 2014, the claims administrator failed to approve a request for EMG testing of the right and left upper extremities. The claims administrator referenced a December 8, 2014 progress note and associated RFA form in its determination.The applicant's attorney subsequently appealed.On December 8, 2014, the applicant apparently presented to a new primary treating provider reporting a principal complaint of right knee and leg pain. Ancillary complaints of low back pain, left shoulder pain, left knee and leg pain, and right long finger pain were appreciated. The applicant also reported ancillary complaints of abdominal pain and sleep disturbance. The applicant's past medical history was not detailed. The applicant exhibited intact motor and sensory function about the bilateral upper extremities. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities, lumbar MRI imaging, right knee MRI imaging, and left knee MRI imaging were endorsed. A pain management consultation was endorsed. The applicant was placed off of work, on total temporary disability.REFERRAL QUESTIONS:1. No, the request for EMG testing 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 NCV or EMG testing for screening purposes or to evaluate applicants without symptoms is deemed "not recommended." Here, there was no mention of the applicant's having issues with left upper extremity neuropathic pain. The applicant exhibited intact motor and sensory function on a December 8, 2014 office visit on which the article in question was sought. The applicant's primary pain generator was the knee. The attending provider did not state what was sought and/or what was suspected via the proposed EMG test. 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.

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

**Decision rationale:** 2. Similarly, the request for EMG testing of the right upper extremity was likewise 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 NCV or EMG testing for screening purposes or to evaluate applicants without symptoms is deemed "not recommended." Here, as with the preceding request, there is no clear mention or description of the applicant's having issues with upper extremity neuropathic pain on or around the December

8, 2014 office visit on which the article in question was sought. No rationale for the study in question was furnished. It was not stated what was sought. It was not stated what was suspected. Therefore, the request was not medically necessary.