

Case Number:	CM15-0112801		
Date Assigned:	06/19/2015	Date of Injury:	01/19/2015
Decision Date:	07/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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 35-year-old who has filed a claim for shoulder and neck pain reportedly associated with an industrial injury of January 19, 2015. In a Utilization Review report dated June 1, 2015, the claims administrator failed to approve a request for nerve conduction testing of the bilateral upper extremities. The claims administrator referenced a May 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. In a RFA form dated May 26, 2015, EMG testing of the bilateral upper extremities and MRI imaging of the cervical spine were sought. In an associated progress note dated May 11, 2015, it was acknowledged that the applicant was off of work and had last worked in February 2015. Complaints of neck, upper back, and shoulder pain were reported. The applicant reported paresthesias about the right upper extremity. The applicant was using oxycodone and tramadol for pain relief, it was reported. The applicant denied any issues with diabetes, it was explicitly stated. The applicant was no longer working and was represented by attorney, the treating provider noted. The applicant also denied a history of alcoholism. Tramadol, cervical MRI imaging, and electrodiagnostic testing were sought. The applicant's left upper extremity strength was scored at 5/5 versus 4/5 about the right upper extremity. Hyposensorium was noted about the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (Nerve Conduction Velocity) study of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Neck and Upper Back (Acute & Chronic): Electromyography (EMG).

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is deemed "not recommended." Here, all of the applicant's radicular pain complaints and paresthesias were seemingly confined to the symptomatic right upper extremity; it was reported on May 11, 2015. It was not clearly stated why nerve conduction testing of the seemingly asymptomatic left upper extremity was proposed. Therefore, the request is not medically necessary.

NCV (Nerve Conduction Velocity) study of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Neck and Upper Back (Acute & Chronic): Electromyography (EMG).

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 based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chronic Pain, 3rd ed., page 848.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, page 178 does acknowledge that EMG and/or NCV testing can be employed to identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms which last greater than three to four weeks, this recommendation is likewise qualified by commentary made in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 to the effect that the routine usage of NCV testing in the diagnostic evaluation of applicants with nerve entrapment is deemed "not recommended." The Third Edition ACOEM Guidelines note that nerve conduction studies are recommended when there is suspicion of a peripheral systemic neuropathy of uncertain cause. Here, however, the attending provider's documentation and progress note of May 11, 2015 stated that the sole item in the differential diagnosis was, in fact, cervical radiculopathy. There was no mention of the applicant's having a suspected peripheral neuropathy, carpal tunnel syndrome, ulnar neuropathy, etc. It was not clearly stated what could potentially be uncovered via the nerve conduction testing in question. The applicant denied any history of diabetes, alcoholism, or other systemic disease process which would have heightened her predisposition toward development of a generalized peripheral neuropathy. The NCV at issue here, thus, amounted to the routine usage of NCV testing which the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes is "not recommended." Therefore, the request is not medically necessary.