

<b>Case Number:</b>	CM15-0115885		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 51-year-old who has filed a claim for chronic hand, wrist, and neck pain with upper extremity paresthesias reportedly associated with an industrial injury of August 8, 2011. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced a May 28, 2015 RFA form and an associated progress note of May 20, 2015 in its determination. The claims administrator contended that the applicant had had earlier positive electrodiagnostic testing in 2012 demonstrating carpal tunnel syndrome and earlier negative electrodiagnostic testing of upper extremities in 2013. The applicant's attorney subsequently appealed. In an RFA form dated May 28, 2015, electrodiagnostic testing of bilateral upper extremities was endorsed. In a progress note dated June 4, 2015, the applicant reported ongoing complaints of neck pain with derivative complaints of depression and insomnia. The applicant's neck pain complaints had intensified. The note was very difficult to follow and mingled historical issues with current issues. The applicant had received earlier cervical epidural steroid injection therapy, it was reported. Radiation of neck pain to the bilateral shoulders and left thumb was appreciated. Cervical MRI imaging of March 11, 2015 was notable for a C4-C5 4-5 mm disk herniation with severe right C4-C5 lateral recess and neuroforaminal stenosis with impingement of the right L5 nerve root. Percocet, Lidoderm, Klonopin, and Desyrel were renewed. The attending provider stated that the applicant denied any history of diabetes or HIV. The applicant did have issues with insomnia, it was reported. In a handwritten note dated May 20, 2015, the applicant was placed off of work, on total temporary disability. Ongoing issues with bilateral upper extremity paresthesias were reported. The applicant was given diagnoses of bilateral carpal tunnel syndrome and/or chronic pain syndrome. The

attending provider referenced prior EMG testing in 2012 which was positive for carpal tunnel syndrome. The applicant was placed off of work, on total temporary disability, it was reported in several sections of the note.

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

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

**EMG/NCS tot eh bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182; 261.

**Decision rationale:** No, the request for electrodiagnostic testing of the bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, EMG testing is "not recommended" for a diagnosis of nerve root involvement if the findings of history, physical exam, and imaging study are consistent. Here, the applicant did report ongoing complaints of neck pain radiating to the bilateral upper extremities on office visits of May 20, 2015 and June 4, 2015. The applicant had undergone a prior cervical fusion surgery, it was suggested on June 4, 2015. The applicant had post fusion MRI imaging demonstrating a large disk herniation at the C4-C5 level with associated nerve root impingement. The applicant's issues with cervical radiculopathy, were, thus, radiographically confirmed, seemingly obviating the need for the EMG component of the request. 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 with numerous earlier testing were negative, here, however, the earlier handwritten note of May 20, 2015 suggested that the applicant had had at least one prior set of positive electrodiagnostic studies in 2012 which did apparently establish issues with carpal tunnel syndrome. The applicant's known issues with cervical radiculopathy, positive cervical MRI imaging of March 11, 2014, and electrodiagnostic testing of 2012 establishing a diagnosis of carpal tunnel syndrome, thus, obviated the need for the repeat electrodiagnostic testing at issue. Therefore, the request was not medically necessary.