

Case Number:	CM15-0169438		
Date Assigned:	09/10/2015	Date of Injury:	08/20/2008
Decision Date:	11/09/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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 41-year-old who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of August 20, 2008. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the right upper extremity. The claims administrator referenced a July 13, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 13, 2015, the attending provider sought authorization for "updated" electrodiagnostic testing of the bilateral upper and bilateral lower extremities, seemingly on the grounds that the applicant had not had stress testing since 2013. In an associated progress note of the same date July 13, 2015, the applicant reported numbness about the right hand. The applicant stated she dropped objects with the same. The applicant also reported complaints of low back pain radiating to the right leg. The applicant was described as having an established diagnosis of cervical radiculopathy status post three prior epidural steroid injections. The applicant also had undergone a failed lumbar spine surgery, it was reported. Electrodiagnostic testing of bilateral upper and bilateral lower extremities was sought while multiple medications, including Cymbalta, oxycodone, topical compounds, Ativan, Flector, and Neurontin were renewed. Toradol injection was administered. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Eleectromyogram), right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for EMG testing of the right upper extremity 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 deemed "not recommended" for a diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. Here, the attending provider reported on the July 13, 2015 office visit at issue that the applicant had an established diagnosis of cervical radiculopathy status post three prior epidural steroid injections for the same, seemingly obviating the need for the EMG testing in question. Therefore, the request is not medically necessary.

NCV (nerve conduction velocity) right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for nerve conduction testing (NCV) of the right upper extremity was likewise not medically, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of EMG or NCV testing in the diagnostic evaluation of applicants with suspected nerve entrapment is deemed "not recommended." Here, the fact that the attending provider concurrently ordered electrodiagnostic testing of bilateral upper and bilateral lower extremities strongly suggested that said testing was being ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The attending provider stated that he was ordering the test to obtain "updated" test results. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. Therefore, the request is not medically necessary.