

<b>Case Number:</b>	CM15-0169441		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	08/20/2008
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 [REDACTED] beneficiary who has filed a claim for chronic neck and back 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 left upper extremity. The applicant's attorney subsequently appealed. On multiple RFA forms dated July 13, 2015, the attending provider sought authorization for "updated" electrodiagnostic testing of the bilateral upper and bilateral lower extremities, an internal medicine evaluation, and a neurology consultation. In an associated progress note of July 13, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg. Constant numbness about the right hand was reported. 5-6/10 pain complaints were reported. The applicant also reported issues with gastritis. The applicant exhibited dysesthesias about the right foot and a healed fusion scar about the lumbar spine. The attending provider stated that the applicant had undergone earlier failed lumbar spine surgery and also undergone multiple cervical epidural steroid injections. Multiple medications, including Cymbalta, oxycodone, Ativan, Flector, and Neurontin were endorsed while the applicant was placed off of work, on total temporary disability. A Toradol injection was administered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV left 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:** No, the request for electrodiagnostic 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 EMG or NCV testing in the evaluation of applicants without symptoms is deemed "not recommended." Here, the attending provider's July 13, 2015 progress note seemingly suggested that the applicant's upper extremity paresthesias were confined to the right upper extremity. The applicant had complaints of right hand numbness, it was acknowledged on that date. It was not clearly established why electrodiagnostic testing of the seemingly asymptomatic left upper extremity was being sought in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.