

Case Number:	CM15-0026533		
Date Assigned:	02/18/2015	Date of Injury:	11/25/2009
Decision Date:	08/11/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/11/2015

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 43-year-old who has filed a claim for chronic neck and wrist pain reportedly associated with an industrial injury of November 25, 2009. In a Utilization Review report dated January 14, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities while approving a request for open MRI imaging of the cervical spine. The claims administrator referenced an RFA form received on January 8, 2015 in its determination. The applicant's attorney subsequently appealed. In a case management note dated February 24, 2015, the applicant was described as having undergone earlier cervical fusion surgery some 14 months prior. It was suggested that the applicant was working with limitations in place as of this point in time. On January 7, 2015, the applicant reported ongoing complaints of neck pain radiating into bilateral upper extremities, 6/10. Ancillary complaints of headaches were reported. The applicant did exhibit a normal gait. The applicant's BMI was 22. A negative Spurling maneuver was appreciated with limited cervical range of motion noted. Upper extremity strength and sensorium were normal. Electrodiagnostic testing of bilateral upper extremities and MRI imaging of cervical spine were endorsed. The applicant was given work restrictions. The treating provider did not state how (or if) the electrodiagnostic testing or MRI imaging would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: No, the request for electrodiagnostic testing of the bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend EMG testing clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperative or before an epidural steroid injection, here, however, the January 7, 2015 progress note made no mention of how (or if) the proposed electrodiagnostic testing would influence or alter the treatment plan. There was no mention of the applicant's actively considering or contemplating any further surgery involving the cervical spine on or around the date of the request, January 7, 2015. The MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 further notes that EMG testing is not recommended for a diagnosis of nerve root involvement if findings on history, physical exam, and imaging study are consistent. Here, the attending provider concurrently sought authorization for MRI imaging of the cervical spine and electrodiagnostic testing of the bilateral upper extremities. The MRI imaging was reportedly approved by the claims administrator. The results of the same, if positive, would obviate the need for the electrodiagnostic testing in question. Therefore, the request was not medically necessary.