

Case Number:	CM15-0037999		
Date Assigned:	03/06/2015	Date of Injury:	10/01/2001
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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 55-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome and multifocal pain complaints reportedly associated with an industrial injury of October 1, 2001. In a utilization review report dated February 10, 2015, the claims administrator failed to approve electrodiagnostic testing of bilateral upper extremities. The claims administrator referenced a January 15, 2015 progress note and associated February 3, 2015 RFA form in its determination. The claims administrator suggested that the applicant had had earlier electrodiagnostic testing of November 13, 2014, reportedly notable for ulnar sensory neuropathies. The applicant's attorney subsequently appealed. On August 6, 2014, the attending provider contended that the applicant was permanently totally disabled owing to global pain complaints. The applicant had apparently been in and out of emergency departments, apparently for the purpose of obtaining opioid agents. Ancillary complaints of sleep disturbance and major depressive disorder were reported. The applicant received trigger point injections in the clinic. The applicant was using Cymbalta, Neurontin, and tramadol, it was acknowledged. Electrodiagnostic testing was performed on November 13, 2014 and was notable for severe bilateral ulnar sensory neuropathy at the elbows. The applicant's primary treating provider (PTP), however, went on to request repeat electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper extremity electrodiagnostic studies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253, 270, table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines: Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: No, the request for upper extremity electrodiagnostic testing was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing can be repeated later in the course of treatment in applicants in whom initial testing was negative in whom symptoms persist, in this case, however, the applicant had earlier electrodiagnostic testing on November 13, 2014, which was notable for a severe bilateral ulnar neuropathy. Earlier electrodiagnostic testing, thus, was positive and does account for the applicant's ongoing issues with upper extremity paresthesias. The prior positive electrodiagnostic testing, moreover, effectively obviated the need for the repeat electrodiagnostic testing at issue. Therefore, the request was not medically necessary.