

Case Number:	CM15-0062302		
Date Assigned:	04/06/2015	Date of Injury:	11/30/2000
Decision Date:	05/12/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/17/2015

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 pain, shoulder pain, upper extremity pain, carpal tunnel syndrome, and weight gain reportedly associated with cumulative trauma at work through May 13, 2004. In a Utilization Review Report dated February 18, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced earlier electrodiagnostic testing of September 17, 2014, which was suggestive of C5-C6 radiculopathy. The claims administrator stated that the attending provider had failed to furnish compelling rationale for repeating testing. A January 6, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated January 30, 2014, the applicant reported multifocal complaints of headaches, neck pain, elbow pain, shoulder pain, hand pain, wrist pain, low back pain, knee pain, and nocturnal upper extremity paresthesias, reportedly imputed to cumulative trauma at work. The medical-legal evaluator gave the applicant diagnoses of cubital tunnel syndrome and cervical spondylosis. The applicant had undergone earlier shoulder surgeries, the claims administrator noted. The applicant had been terminated by his former employer, it was further noted. The claims administrator referenced earlier electrodiagnostic testing suggestive of ulnar neuropathy, but reportedly negative for a cervical radiculopathy. On September 17, 2014, the applicant was placed off of work, on total temporary disability. Naprosyn, Prilosec, and Ultracet were endorsed. It was stated that the applicant had electrodiagnostically confirmed cervical radiculopathy. The attending provider referenced some earlier electrodiagnostic testing of upper

extremities suggestive of a C5-C6 radiculopathy. The applicant was asked to follow up with a pain management physician, apparently to consider epidural steroid injection therapy. In a RFA form dated January 6, 2015, electrodiagnostic testing of bilateral upper and bilateral lower extremities, pain management consultation, a psychiatry evaluation, eight sessions of physical therapy, an MRI imaging of the cervical spine, lumbar spine, bilateral shoulders, and right knee were all endorsed. On that date, the applicant had apparently transferred care to another primary treating provider. The applicant did have variety of issues, including neck pain, shoulder pain, wrist pain, and superimposed diabetes mellitus, it was acknowledged. The applicant was again placed off of work, on total temporary disability. It was not clearly stated why repeat electrodiagnostic testing was endorsed, without any clear rationale for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG)/Nerve Conduction Study (NCS) of the bilateral upper extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: No, the request for [repeat] electrodiagnostic testing of the bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines 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 persist in whom earlier testing was negative, in this case, however, the applicant has had prior electrodiagnostic testing done at various points in the course of the claim, which were positive and notable both for cervical radiculopathy and for bilateral ulnar neuropathy, it was suggested on several occasions, effectively obviating the need for the repeat electrodiagnostic testing. Therefore, the request is not medically necessary.