

Case Number:	CM15-0071235		
Date Assigned:	04/21/2015	Date of Injury:	01/02/2015
Decision Date:	07/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/14/2015

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 66-year-old who has filed a claim for neck, upper back, low back, hand, and wrist pain reportedly associated with an industrial injury of January 2, 2015. In a Utilization Review report dated March 15, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of bilateral upper extremities. The claims administrator referenced a March 5, 2015 progress note and an associated RFA form in its determination. The applicant's attorney subsequently appealed. On March 5, 2015, the applicant reported ongoing complaints of neck, upper back, hand, and finger pain. Headaches were also reported. The applicant also reported low back pain radiating to the hips. The applicant reported difficulty with gripping and grasping tasks. The applicant was nevertheless working as of this point in time, it was reported. 5/5 upper extremity strength was appreciated with negative Spurling maneuver appreciated about the neck. 5/5 lower extremity strength and symmetric reflexes were likewise noted with negative straight leg raising, normal lower extremity sensorium, and a normal gait with normal heel and toe ambulation. Twelve sessions of physical therapy, electrodiagnostic testing of bilateral upper and bilateral lower extremities, MRI imaging of the neck, and MRI imaging of the back were endorsed. Soma, Norco, and Naprosyn were prescribed. A rather proscriptive 10-pound lifting limitation was endorsed as diagnosed as having cervical sprain, lumbar sprain/strain and sprains and strains of wrist and hand not elsewhere classified. Treatments to date have included aspirin and activity modification. Currently, the injured worker complains of pain in the back and right hand. The plan of care was for electromyography and nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography), Left Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back chapter.

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

Decision rationale: No, the request for EMG testing of the left 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 not recommended for a diagnosis of nerve root involvement if findings of history, physical exam, and imaging studies are consistent. Here, the attending provider concurrently ordered electrodiagnostic testing of the upper extremities and cervical MRI imaging. The results of cervical MRI imaging, if positive, would effectively obviate the need for the EMG testing at issue. Therefore, the request is not medically necessary.

EMG (electromyography), Right Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back chapter.

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

Decision rationale: Similarly, the request for EMG testing of the right upper extremity was likewise 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 not recommended for a diagnosis of nerve root involvement if findings of history, physical exam, and imaging studies are consistent. Here, cervical MRI imaging was ordered along with the request for electrodiagnostic testing of the bilateral upper extremities, the results of which, if positive, would likely obviate the need for the EMG testing at issue. Therefore, the request is not medically necessary.

NCS (nerve conduction study), Left Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Similarly, the request for nerve conduction testing of the left upper extremity was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that electrical studies such as the NCV at issue may be indicated in applicants with suspected peripheral nerve impingement if no improvement or worsening has occurred within four to six weeks, here, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. It was not clearly stated whether or not the attending provider believed the applicant had a bona fide peripheral nerve impingement process such as a median neuropathy or ulnar neuropathy. It is further noted that the request for nerve conduction testing was initiated at the same time the 12 sessions of physical therapy were ordered. It did not appear that four to six weeks of conservative treatment in the form of time, medications, observation, etc., had been attempted on or around the date the nerve conduction testing in question was proposed. Therefore, the request is not medically necessary.

NCS (nerve conduction study), Right Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Similarly, the request for nerve conduction testing of the right upper extremity was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 269 does recommend nerve conduction testing in applicants with suspected peripheral nerve impingement in whom no improvement or worsening has occurred within four to six weeks, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. It was not clearly stated whether the attending provider believed that the applicant had a bona fide peripheral nerve impingement process or not. The information on file, all in all, was quite sparse. It was further noted that the request in question was initiated at the same time the 12 sessions of physical therapy were ordered. Thus, it did not appear that four to six weeks of conservative treatments in the form of time, medications, observation, etc., had been attempted prior to the request for nerve conduction testing. Therefore, the request is not medically necessary.