

Case Number:	CM15-0071384		
Date Assigned:	04/21/2015	Date of Injury:	08/19/2004
Decision Date:	07/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/15/2015

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 58-year-old [REDACTED] beneficiary who has filed a claim for chronic neck, low back, hand, and wrist pain reportedly associated with an industrial injury of August 19, 2004. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of bilateral upper extremities. The claims administrator referenced a RFA form dated March 23, 2015 and an associated progress note of February 20, 2015 in its determination. The applicant's attorney subsequently appealed. On February 20, 2015, the applicant reported ongoing complaints of neck and low back pain, severe. Paresthesias about the bilateral hands, right greater than left, were reported. The applicant had undergone earlier failed cervical fusion surgery, it was reported. Positive Tinel and Phalen signs at the bilateral wrists were reported, right greater than left. The applicant was apparently given trigger point injections as well as a Toradol-Marcaine injection. Percocet was refilled. A lumbar fusion procedure was sought. Electrodiagnostic testing of the bilateral upper extremities was likewise sought while the applicant was placed off of work, on total temporary disability. A psychological evaluation prior to pursuit of lumbar spine surgery was also apparently endorsed. In a psychological evaluation dated March 16, 2015, it was stated that the applicant did carry a diagnosis of bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition , Neck and Upper Back Chapter.

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

Decision rationale: The request for EMG testing of the left upper extremity is 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 study are consistent. Here, the applicant already carried a diagnosis of clinically evident cervical radiculopathy status post earlier failed cervical spine surgery. It was not clearly stated what role, issue, and/or purpose the EMG testing in question was proposed to address. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that EMG testing is recommended to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before planned epidural steroid injection therapy, here, however, there was no mention that the applicant was actively considering or contemplating any kind of invasive procedure or surgical intervention involving the cervical spine. Rather, the attending provider's progress note of March 15, 2015 suggested that treatment efforts as of that point were focused on the lumbar spine, i.e., the body part for which the applicant was considering spine surgery. Therefore, the request was not medically necessary.

NCS Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition , Neck and Upper Back Chapter.

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

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 261 does acknowledge that appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other considerations, such as cervical radiculopathy, here, however, little-to-no narrative rationale or narrative commentary accompanied the March 16, 2015 progress note. It was seemingly stated on that date that the applicant already carried diagnosis of clinically-evident cervical radiculopathy status post earlier failed spine surgery. It was also suggested that the applicant had an established diagnosis of superimposed carpal tunnel syndrome. It was not clearly stated or

clearly established why nerve conduction testing was being sought if the diagnoses in question, namely cervical radiculopathy and carpal tunnel syndrome, had already been established.

Therefore, the request was not medically necessary.

NCS Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition , Neck and Upper Back Chapter.

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

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 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, here, however, progress notes of March 16, 2015 suggested that the applicant already carried established diagnoses of cervical radiculopathy status post earlier failed cervical spine surgery and carpal tunnel syndrome. It was not clear why electrodiagnostic testing was being sought in the face of the applicant's already carrying confirmed, well-established diagnosis involving the cervical spine and/or bilateral upper extremities. Little-to-no narrative rationale accompanied the request for authorization. Therefore, the request was not medically necessary.

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition , Neck and Upper Back Chapter.

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

Decision rationale: Finally, the request for EMG testing of the right upper extremity was likewise 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 to clarify a diagnosis of suspected nerve root dysfunction in cases of suspected disk herniation preoperatively or before planned epidural steroid injection therapy, here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention or epidural steroid injection involving the cervical spine based on the outcome of the study in question. Little-to-no rationale or narrative commentary accompanied the request for authorization. The March 16, 2015 progress note suggested that treatment efforts as of that point in time were focused on the applicant's primary pain generator, i.e., the lumbar spine. EMG testing of the upper extremities, thus, was not indicated in the clinical context present here. Therefore, the request was not medically necessary.