MAXIMUS Federal Services

| Case Number: | CM15-0093715 | | |
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| Date Assigned: | 05/20/2015 | Date of Injury: | 08/28/2004 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 04/20/2015 |
| Priority: | Standard | Application Received: | 05/14/2015 |

## 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 40-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 28, 2004. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. A RFA form received on April 17, 2015 was referenced in the determination. On April 17, 2015, the applicant reported ongoing complaints of low back pain radiating into the left leg. Ancillary complaints of neck pain with numbness about the bilateral hands were also reported. The applicant had last worked in 2004, it was incidentally noted. The applicant was apparently in the process of performing community service to offset the cost of unpaid speeding tickets, it was incidentally noted. The applicant was on Norco and Flexeril for pain relief. Hyposensorium about the left C6-C7 dermatomes was reported with 4+ to 5-/5 left upper extremity strength reported. The attending provider noted that the applicant had undergone earlier failed lumbar spine surgery. A lumbar epidural steroid injection and electrodiagnostic testing of the bilateral upper extremities were sought. The attending provider stated that this was an attempt to work up the applicant's upper extremity complaints which had reportedly not been fully worked up.An applicant questionnaire of April 17, 2015 did state that the applicant was no longer working.In an earlier note dated March 26, 2015, the applicant reported complaints of neck pain with upper extremity paresthesias also evident. The attending provider stated that the applicant's cervical spine issues have not been fully worked up. Hyposensorium about the left arm was appreciated. The attending provider stated that electrodiagnostic testing was needed to establish a definitive diagnosis for the

applicant's upper extremity complaints which had reportedly not been fully worked up, the attending provider contended.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182; 178.

**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 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 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 kind of surgical intervention or epidural steroid injection involving the cervical spine. The MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 also notes that EMG testing is "not recommended" in applicants whose history, physical exam, and/or imaging study findings are consistent with a diagnosis of nerve root involvement. Here, the attending provider did not state whether or not the applicant had or had not had earlier cervical MRI imaging. The attending provider did not recount a history of what diagnostic tests had or had not previously been performed to work up the applicant's cervical spine complaints. Therefore, the request was not medically necessary.