

<b>Case Number:</b>	CM13-0008853		
<b>Date Assigned:</b>	09/16/2013	<b>Date of Injury:</b>	04/23/2009
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 63-year-old male who reported a work-related injury as a result of cumulative trauma on 04/23/2009. According to the clinical notes, the patient presents with cervical spine pain complaints and evidence of radiculopathy. The clinical note dated 08/05/2013 reports the patient was seen under the care of the requesting provider. The provider documents the patient is status post a series of cervical epidural steroid injections which increased his range of motion and functional capacity status. The patient was approved for a Functional Capacity Evaluation. Upon physical exam of the patient, there were spasms and tenderness observed in the paravertebral muscles of the cervical spine, with decreased range of motion on flexion and extension. Decreased sensation was noted in the C6 and C7 dermatomal distributions bilaterally with decreased grip strength. The provider documents that the patient was rendered prescriptions for Medrox patches. The provider documented an appeal of the denial electrodiagnostic studies, as the provider would like to utilize this test in preparation of a final report for AME impairment ratings. The provider is also requesting this study in order to rule out peripheral nerve entrapments disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Bilateral Upper Extremity: 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): 178.

**Decision rationale:** The clinical documentation submitted specifically for this review fails to evidence what diagnostics and imaging studies the patient has undergone since reported date of injury in 2009. California MTUS/ACOEM indicates that, when the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. However, without sufficient documentation evidencing the patient's course of treatment history as far as imaging and diagnostic studies throughout nearly 5 years since the date of injury, the current request is not supported. Furthermore, the provider documents that the patient reported positive efficacy status post a series of cervical epidural steroid injections, which would indicate positive findings of radiculopathy. Given all of the above, the request for EMG of bilateral upper extremities is not medically necessary or appropriate.