Case Number:	CM13-0021210		
Date Assigned:	10/01/2013	**Date of Injury:**	10/02/2012
Decision Date:	06/10/2014	**UR Denial Date:**	07/30/2013
Priority:	Standard	**Application Received:**	08/16/2013

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. The expert reviewer is Board Certified in Internal Medicine, 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 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/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 patient is a 62-year-old female who reported an injury on 10/02/2012. The mechanism of injury was a trip and fall over an electrical cord. The patient tried to break her fall and hold onto some furniture and injured the left part of her body. The patient was noted to be treated with acupuncture and physical therapy. The documentation of 07/09/2013 revealed that the patient had an EMG study that was ordered and had not been performed. The physical examination of the upper extremities revealed that the patient had no deficits in the dermatomes of the upper extremities to pinprick or light touch, and myotomal strength was normal. The inspection of the left wrist revealed that the patient had sensatino reduced in the median nerve distribution. The examination of the lumbar spine revealed no deficit in the dermatomes or myotomes of the lower extremities. The patient had a positive straight leg raise on the left. The patient's diagnoses were noted to include a cervical spine strain, left shoulder impingement syndrome and lumbar radiculopathy. The treatment plan was an EMG/nerve conduction studies of the upper and lower extremities to assess for radiculopathy versus entrapment neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM Guidelines indicates that Electromyography (EMG) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review indicated that the patient had normal myotomal and dermatomal findings. There was a lack of documentation of subtle, focal neurologic dysfunction with the exception of sensation being reduced in the median nerve distribution. Given the above, the request for an EMG of the bilateral upper extremities is not medically necessary.

EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The clinical documentation submitted for review failed to indicate that the patient had myotomal or dermatomal findings to support the necessity for an EMG of the bilateral lower extremities. The patient's myotomal and dermatomal examinations were noted to be normal. The patient had a positive straight leg raise on the left; however, there was a lack of documentation indicating if the patient had a radiation of pain from the straight leg raise. Given the above and the lack of objective findings, the request for an EMG of the bilateral lower extremities is not medically necessary.

MRI CERVICAL SPINE NON CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM Guidelines indicate that the criteria for ordering imaging studies include the emergence of a red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to meet the above criteria. As such, the request for an MRI of the cervical spine without contrast is not medically necessary.

CHIRO 3X4 FOR NECK, LEFT SHOULDER, AND LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if it caused by musculoskeletal conditions. They do not recommend treatment for the wrist. They do not however address the shoulder and the neck. As such, secondary guidelines were sought. The ODG indicate that the chiropractic guidelines for regional neck pain are 9 treatments. Additionally, they indicate that sprains/strains of the shoulder treatment is 9 visits of manipulation. The clinical documentation submitted for review failed to indicate a necessity for 12 visits. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. Given the above, the request is not medically necessary.