

<b>Case Number:</b>	CM13-0049701		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Physical Medicine and Rehabilitation 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:

This 39 year-old male laborer sustained an injury on 10/15/12 while employed by [REDACTED]. [REDACTED] under consideration include EMG and Nerve Conduction Studies. While trying to unstuck the grinder machine, he was struck in the face by an unknown object. Diagnoses included s/p head injury with multiple facial bone fractures; mild cognitive deficit from concussion and brain injury; chronic headaches, dizziness and numbness. Report of 10/7/13 from [REDACTED] noted patient complained of neck stiffness, numbness in the right side of face, chin, and he also drools on himself on right side. He also has numbness in his hands and arms and severe anger issues. He last saw [REDACTED], psychiatrist a month ago. He has difficulty walking downhill, stairs and driving. Exam and inspection of the face shows right side is lightly drooping but not bad; right eye is drooping a little bit but again, they looked fairly symmetric. Cervical spine exam showed minimal discomfort on range; palpatory tenderness at base of head. Treatment plan was for EMG/NCV of the bilateral hands because of complaints of numbness and tingling to hands and upper extremities. Request was non-certified on 10/25/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG and Nerve Conduction Studies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** This 39 year-old male laborer sustained an injury on 10/15/12 while employed by [REDACTED]. While trying to unstuck the grinder machine, he was struck in the face by an unknown object. Diagnoses included s/p head injury with multiple facial bone fractures; mild cognitive deficit from concussion and brain injury; chronic headaches, dizziness and numbness. Report of 10/7/13 from [REDACTED] noted exam and inspection of the face shows right side is lightly drooping but not bad; right eye is drooping a little bit but again, they looked fairly symmetric. Cervical spine exam showed minimal discomfort on range; palpatory tenderness at base of head. Treatment plan was for EMG/NCV of the bilateral hands because of complaints of numbness and tingling to hands and upper extremities. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain without specific consistent myotomal or dermatomal correlation to support for electrodiagnostics for a patient with head injury. The EMG and Nerve Conduction Studies is not medically necessary and appropriate.