

Case Number:	CM13-0052080		
Date Assigned:	12/27/2013	Date of Injury:	01/07/2013
Decision Date:	03/17/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

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 Occupational 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 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 patient is a 58-year old female who was injured on 01/07/2013. Mechanism of injury was reported as her sustaining injury to her cervical, thoracic and lumbar spine when a client fell on her while being transferred from a bed to a wheelchair. Thus far she has been treated with physical therapy, medications and dorsal fusion at L5-S1. Most recent progress note dated 12/20/2013 from [REDACTED] indicated the patient used Voltaren gel for pain management which did relieve the pain she was experiencing in the upper arms. She took Norco 10/325, one 4 times per day, and soma 350 mg tablets one orally three times per day. Clinic note dated 12/20/2013 by [REDACTED] documented the patient to have continued complaints of pain in the cervical spine. She has decreased range of motion and radicular symptoms down the upper extremities. Examination of the cervical spine revealed her ability to flex, extend and hyperextend. She could rotate from side to side approximately 15 degrees. Lateral movements were impaired. Examination of the cervical and lumbar spine revealed that the patient has paraspinal and trapezius muscle spasm. Biceps, triceps, and wrist reflexes were all intact. The patient could sense vibratory sensation, distinguish between sharp and dull, and warm and cool. She has decreased suprapatellar, infrapatellar and ankle reflexes. The patient has no loss of vibratory sense; however, she does have a loss of sharp versus dull and cool versus warm. She was able to climb on the table without difficulty. Heel and toe walk testing revealed a right leg length discrepancy. On 10/18/2013, the physician requested EMG be performed of upper and lower extremities to identify etiologies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient electromyography (EMG) of bilateral upper extremities and lower extremities:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 182, 303.

Decision rationale: EMG may be indicated for further evaluation of symptoms and signs of nerve root compromise. However, the patient does not have specific symptoms or signs suggestive of a discrete nerve insult nor does the provider give a clear rationale for the requested study or define any suspected nerve impingement in the provided medical records. There is mention of radicular symptoms down the upper extremities without any other details. Reflexes are noted to be symmetric and sensation intact in the upper extremities without any mention of UE weakness. Decreased supra patellar, infra patellar, and ankle reflexes are noted bilaterally as well as "loss of sharp vs. dull and cool vs. warm" in the lower extremities, but no other specifics are given. Medically necessity has not been established. EMG of upper and lower extremities is non-certified.