

<b>Case Number:</b>	CM13-0066801		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/10/2004
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 72 year old female who sustained injuries to her neck, head, back, arms, shoulders, elbows, wrists, legs, hands, eyes, chest, stomach and psyche on 05/10/04 while working with a buffer machine, she accidentally switched the safety on and while trying to prevent the buffer machine from going through the window, she was flown into some chairs and tables. She hit her forehead and was on the ground when she felt immediate pain in her back, shoulders, and knees. She was dispensed prescription medications and returned to light duty. Treatment to date has included physical therapy, medications, oral analgesics, activity limitations, and duty restrictions. The injured worker was subsequently awarded a whole person impairment of 52% for the sustained injuries. It was noted that the injured worker was considered permanent and stationary as of 04/14/11. Electromyogram/nerve conduction velocity performed in 2007 and 2008 did not show evidence of motor radiculopathy in the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG for the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electromyography (EMG).

**Decision rationale:** The Official Disability Guidelines states that electromyogram (EMG) findings may not be predictive of surgical outcome in cervical surgery and injured workers may still benefit from surgery even in the absence of EMG findings of nerve impingement. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm brachioplexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. Given this, the request for an EMG for the bilateral upper extremities has not been established. The request for EMG for the bilateral upper extremities is not medically necessary.

**NCV for the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline Treatment Workers Compensation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines states that nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by electromyogram (EMG) and obvious clinical signs, but recommended if EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical examination. There is minimal justification for performing nerve conduction studies when an injured worker is already presumed to have symptoms on the basis of radiculopathy. Given this, the request for NCV for the bilateral upper extremities is not medically necessary.