

Case Number:	CM14-0003622		
Date Assigned:	01/31/2014	Date of Injury:	09/18/2007
Decision Date:	06/30/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/09/2014

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 has submitted a claim for degeneration of cervical intervertebral disc associated with an industrial injury date of September 18, 2007. Medical records from 2013 were reviewed. The patient is status post cervical fusion and complained of chronic cervical spine pain. Pain was aggravated by cold weather. Physical examination showed tenderness over the cervicotracheal ridge, decreased ROM, radiculopathy at C5-7 bilaterally, and mild spasm across the trapezius muscle. Treatment to date has included NSAIDs, muscle relaxants, antidepressants, TENS, home exercise programs, physical therapy, and cervical fusion. Utilization review from December 5, 2013 denied the request for EMG of bilateral arms due to insufficient clinical data needed for an EMG.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG ON THE BILATERAL ARMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the California MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the employee is status post cervical fusion. Recent progress notes reported radiculopathy at C5-7 dermatomes, however, it is not corroborated by any subjective complaints such as tingling, numbness, pins and needles, and shooting pain. There were no reports of radicular symptoms. Clear clinical data needed to support the request for an EMG in this case are lacking. Therefore, the request for EMG on the bilateral arms is not medically necessary.