

<b>Case Number:</b>	CM14-0015228		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	08/05/2002
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a 72-year-old female with an 8/5/2002 industrial injury claim. She has been diagnosed with cervical disc disease; facet arthropathy; cervical radiculopathy, status post C4/5 and C5/6 anterior fusion; myofascial pain, temporomandibular joints (TMJ) dysfunction, right shoulder impingement, right knee degenerative joint disease (DJD), lumbar radiculitis, trigger points, and carpal tunnel syndrome. According to the 1/15/14 report from the provider, the patient presents with headache and neck pain, with good relief from the radiofrequency ablation (RFA) in Sept. 2011. She had a right L4 and L5 selective nerve root block (SNRB), on 8/7/13 with 95% pain reduction, but the pain returned. On exam, there was some decreased sensation in the right L4 and L5 distribution, straight leg raise was positive on the left at 65 degrees. The plans were for trigger point injections, and request the L4, L5 epidural steroid injection (ESI), and electromyography (EMG) of the lower and upper extremities. On 1/24/14, utilization review recommended against the EMG of the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY OF LEFT UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Chapter, Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

**Decision rationale:** The patient presents with neck and back pain, she has history of cervical fusion, and right carpal tunnel syndrome. The current reporting does not mention any symptoms down the left upper extremity. The patient was reported to have had electrodiagnostic studies 2 years prior, but the results of the studies were not provided for this Independent Medical Review (IMR). There are no clinical findings to suggest any left-sided radicular or peripheral neuropathies. The request does not appear to be consistent with MTUS/ACOEM guidelines recommendations there were no left upper extremity symptoms lasting more than 3-4 weeks. As such, the request is not certified.

**ELECTROMYOGRAPHY OF RIGHT UPPER EXTREMITIES:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Chapter, Electromyography (EMG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

**Decision rationale:** The patient presents with neck and back pain, she has history of cervical fusion, and right carpal tunnel syndrome. The patient still has positive Tinel's on the right side. The MTUS/ACOEM guidelines state that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The request for the Final Determination Letter for IMR Case Number CM14-0015228 4 EMG of the right upper extremity appears to be in accordance with the MTUS/ACOEM guidelines.