

Case Number:	CM14-0178724		
Date Assigned:	11/03/2014	Date of Injury:	08/13/2010
Decision Date:	12/08/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/28/2014

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 & 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 patient is a 55 year old with an injury date on 8/13/10. Patient complains of cervical pain rated 8/10, bilateral wrist pain rated 8/10, radiating to right pinky with numbness/tingling/weakness in bilateral hands per 9/11/14 report. Based on the 9/11/14 progress report provided by [REDACTED] the diagnoses are: 1. C-spine herniated disc, 2. L-spine herniated disc, 3. spinal stenosis, 4. RTC syndrome, 5. annular tear L-spine, 6. shoulder osteoarthritis. Exam on 9/11/14 showed "limited range of motion" (location unspecified). Patient's treatment history includes medications only. [REDACTED] is requesting EMG upper extremities. The utilization review determination being challenged is dated 10/13/14 and denies request due to lack of sufficient objective exam findings. [REDACTED] is the requesting provider, and he provided a single treatment report from 9/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with neck pain, bilateral wrist pain, bilateral hand pain. The treater has asked for EMG Upper Extremities on 9/11/14. Reviews of the reports do not show any evidence of EMG/NCV being done in the past. In reference to specialized studies of the neck, ACOEM guidelines state that electromyography tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient presents with possible CTS, radicular symptoms and peripheral neuropathy which require electrodiagnostic studies to differentiate. The request is medically necessary.