

<b>Case Number:</b>	CM14-0023377		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for posttraumatic headaches reportedly associated with an industrial injury of July 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; transfer of care to and from various providers in various specialties; and muscle relaxants. In a Utilization Review Report dated February 13, 2014, the claims administrator denied a request for EMG testing of the left upper extremity. The claims administrator, it is incidentally noted, did not incorporate cited guidelines into its rationale. The applicant subsequently appealed. A January 14, 2014 progress note was notable for comments that the applicant was originally injured in an industrial motor vehicle accident. However, the applicant had apparently returned to regular duty work as a truck driver, owing to financial constraints. The applicant was on Naprosyn, Flexeril, and Norco, it was stated. The applicant reported constant neck pain with associated pins and needle sensations, it was stated, 6/10. The applicant was given a diagnosis of cervical spondylosis, bilateral subacromial bursitis, and bilateral S1 radiculopathy. Electrodiagnostic testing of the upper extremities was sought to search for any significant nerve damage about the same. It was seemingly suggested that the applicant had 5/5 motor strength, a normal neurologic exam about the upper extremities, and decreased sensorium about the S1 dermatomes. On January 13, 2014, the applicant again presented with neck pain, headaches, low back pain, and shoulder pain. The applicant had apparently seen a psychologist at an earlier point in time, felt that he was not better, and was reportedly hostile. It was again stated that the applicant was neurologically intact on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 ELECTROMYOGRAM(EMG) FOR THE LEFT UPPER EXTREMITY AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182 do acknowledge that EMG testing to clarify diagnosis of nerve root dysfunction is "recommended" in case of suspected disk herniation preoperatively or before an epidural steroid injection, in this case, however, there is no evidence that the applicant and/or the attending provider suspected diagnosis of disk herniation. There is no evidence that the applicant would act on the results of the study in question and/or consider either cervical spine surgery or a cervical epidural steroid injection based on the outcome of the same. Rather, the attending provider stated on the January 14, 2014 progress note in question that the EMG testing in question was being performed largely for academic reasons, to rule out any upper extremity nerve root involvement. This was not corroborated by the applicant's history. The applicant did not seemingly have any radicular complaints referable of the neck or left upper extremity. The applicant was possessed of 5/5 bilateral upper extremity strength and normal upper extremity sensorium, it was stated and reiterated on multiple occasions over the course of the file. EMG testing of the left upper extremity is not indicated, for all of the stated reasons. Therefore, the request for Electromyogram (EMG) for the left upper extremity as an outpatient is not medically necessary and appropriate.