

Case Number:	CM14-0034345		
Date Assigned:	06/20/2014	Date of Injury:	12/11/2013
Decision Date:	07/29/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/19/2014

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 and is licensed to practice in Alabama. 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 female who was injured on 12/11/2013. She sustained an injury to her low back when she twisted it and injured her left leg, neck, left shoulder, left hand, and fingers. There are no updated diagnostic studies for review. Progress report dated 02/17/2014 states the patient presented with complaints of low back pain. She rated her pain as a 4/10. She describes it as aching and tingling radiating to the bilateral legs. On examination of the cervical and thoracic spine, there is tenderness of the upper trapezius levator capsule bilateral and rhomboids bilaterally. Range of motion is full. Motor and sensory exam is within normal limits. The lumbar spine revealed tenderness of the lumbosacral spine. Range of motion was full and motor and sensory exams were within normal limits. Assessment is lumbar muscle strain, cervical spine sprain, and left shoulder muscles strain. The plan was pending as she was waiting to schedule an EMG. Prior utilization review dated 02/24/2014 states the request for Electromyography (EMG) Left Cervical is not authorized as there were no motor or sensory deficits on exam and recent nerve conduction studies were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Left Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The above ACOEM guidelines state "EMG study if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks. Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is failure to respond to conservative treatment." In this case, there is no documented history on physical examination to indicate suspicion of severe nerve entrapment on physical examination because the physical exam normal motor, sensory, and reflex findings in the upper extremities as well as negative Spurling's. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.