Case Number:	CM14-0034347		
Date Assigned:	06/25/2014	**Date of Injury:**	09/11/2013
Decision Date:	07/22/2014	**UR Denial Date:**	02/14/2014
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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 54-year-old male with a reported date of injury on 09/11/2013. The mechanism of injury was noted to be a motor vehicle accident. His diagnoses were noted to include cervical and lumbar strain with myofascial pain, greater on the left, and multilevel degeneration in the cervical and lumbar spine. His previous treatments were noted to include trigger point injections, medications, acupuncture, and independent exercise program. The progress report dated 02/06/2014 reported the injured worker complained of back pain and reported his neck and back symptoms were still quite significant, although his neck pain was probably the most prominent. An unofficial MRI of the cervical spine dated 01/30/2014 reported evidence of a large left-sided C6-7 disc protrusion along with small left C3-4 and right C4-5 disc protrusions and some foraminal narrowing. The unofficial MRI also reported a small posterior annular tear was also present at the C6-7 level resulting in a mass effect upon the central and left side of his spinal cord locally. The physical examination reported tenderness along the cervical paraspinal muscles, the trapezius, levator scapular, and parascapular regions, greater on the left than on the right. The examination of the shoulder noted range of motion was intact, although mild end range pain was noted on the left. No impingement signs noted and Spurling's maneuver was negative bilaterally. The Request for Authorization form dated 02/11/2014 was for an electromyography to the bilateral upper extremity to rule out bilateral cervical radiculopathy versus other neuropathies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) to bilateral upper extremities.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for electromyography to bilateral upper extremities is non-certified. The injured worker has had a previous MRI in 01/2014. The California MTUS/ACOEM Guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical exam, electrodiagnostic studies, laboratory tests, or bone scans. The guidelines state unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The guidelines state electromyography can be used to identify and define a physiologic insult or an anatomic defect. The injured worker has already had an MRI which has shown disc protrusion and some foraminal narrowing. Due to the lack of documentation regarding significant neurological deficits in a specific dermatomal distribution, and despite the injured worker's complaint of persistent pain and paresthesias in the upper extremities, an electromyography is not warranted at this time. Therefore, the request is non-certified.

EMG (Electromyography) of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for electromyography to bilateral upper extremities is non-certified. The injured worker has had a previous MRI in 01/2014. The California MTUS/ACOEM Guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical exam, electrodiagnostic studies, laboratory tests, or bone scans. The guidelines state unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The guidelines state electromyography can be used to identify and define a physiologic insult or an anatomic defect. The injured worker has already had an MRI which has shown disc protrusion

and some foraminal narrowing. Due to the lack of documentation regarding significant neurological deficits in a specific dermotomal distribution, and despite the injured worker's complaint of persistent pain and paresthesias in the upper extremities, an electromyography is not warranted at this time. Therefore, the request is non-certified.