

<b>Case Number:</b>	CM14-0054458		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 43 years old female with an injury date on 09/09/2013. Based on the 03/26/2014 progress report provided by [REDACTED] the diagnoses are: 1. Status post assault; 2. Post traumatic head syndrome. According to this report, the patient complains of on and off headaches with pain at an 8 -9/10 and neck pain that radiates to the shoulder than to the hand with numbness and tingling. The patient also complains of dizziness, blurred vision, memory problems, ringing in the ears, loss of balance, depression, anxiety, and sleep difficulty. There were no other significant findings noted on this report. [REDACTED] is requesting EMG electromyography and unknown prescription of non-steroid anti-inflammatory medications. The utilization review denied the request on 04/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/09/2013 to 03/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1 (EMG) Electromyography: Upheld

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

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

**Decision rationale:** According to the 03/26/2014 report by [REDACTED] this patient presents with headaches and neck pain that radiates to the shoulder. The physician is requesting EMG. The utilization review denial letter states "there appears to be diagnostic confusion and a lack of history and physical examination to rule out more common causes of the patient's complaints. Based on the lack of evidence based references and the findings as discussed". Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. An EMG study would be reasonable but this patient does not present with any radiating symptoms into the hand or the arm. Pain is mostly axial and shoulder. There are no clinical suspicion for peripheral neuropathy, CTS or radiculopathy. Therefore, the request for 1 Electromyography (EMG) is not medically necessary and appropriate.

**Unknown prescription of non-steroid anti-inflammatory medications:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, hypertension and renal function, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, Medications for chronic pain Page(s): 60-61.

**Decision rationale:** According to the 03/26/2014 report by [REDACTED] this patient presents with headaches and neck pain that radiates to the shoulder. The physician is requesting unknown prescription of non-steroid anti-inflammatory medications. The utilization review denial letter states it appears there is no formal request for medications at this time. MTUS page 8 requires that the physician provide monitoring of the patient's progress. In this case, the requested unknown prescription of NSAID appears unreasonable and unclear. Therefore, the request for unknown prescription of non-steroid anti-inflammatory medications is not medically necessary and appropriate.