

<b>Case Number:</b>	CM14-0078159		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 American Board of Family Medicine (ABFM) 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:

30 yr. old male claimant sustained a work injury on 8/27/11 involving the neck, jaw and low back. He was diagnosed with TMJ, multi-level cervical disc herniations and chronic back pain. An MRI of the cervical spine in April 2014 showed C5-6 disc bulging and bilateral foraminal stenosis. A progress note on 4/10/14 indicated the claimant had continued neck pain. Exam findings showed a positive Tinel's sign in bilaterally elbows, and decreased sensation in the 1st and 3rd finger of the right hand. The treating physician requested bilateral upper extremity EMGs to determine etiology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179.

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

**Decision rationale:** According to the ACOEM guidelines, an EMG is not recommended for diagnoses of nerve root involvement is history, physical and radiological findings are consistent. In this case, the claimant had an MRI and an exam that was consistent with the presenting

symptoms. There was no plan for surgery and disc disease was known. The request for the EMG above is not medically necessary.

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179.

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

**Decision rationale:** According to the ACOEM guidelines, an EMG is not recommended for diagnoses of nerve root involvement if history, physical and radiological findings are consistent. In this case, the claimant had an MRI and an exam that was consistent with the presenting symptoms. There was no plan for surgery and disc disease was known. The request for the EMG above is not medically necessary.