Case Number:	CM14-0082662		
Date Assigned:	07/21/2014	**Date of Injury:**	07/29/2009
Decision Date:	08/26/2014	**UR Denial Date:**	05/23/2014
Priority:	Standard	**Application Received:**	06/04/2014

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 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 35-year-old male with an injury date of 07/29/2009. Based on the 05/13/2014 progress report provided by [redacted] the patient complains of having low back pain, neck pain, bilateral shoulder pain, and bilateral elbow pain. He has right hand pain and forearm swelling. The patient also has shooting pain with persistent tingling and numbness. [redacted] 04/01/2014 report states that the patient describes his pain as a constant aching sensation. His right arm tingles and his lower back has a dull ache. The patient rates his pain as a 5-6/10 without medications and a 1/10 with medications. There is tenderness over the cervical paraspinals, bilateral upper trapezius, facet joints, C5-C6 and C6-C7. Cervical spine range of motion is reduced in all planes. There is also bilateral forearm tenderness along the brachioradialis, lateral epicondyle, latissimus, and pectoralis muscles with myofascial restrictions. In regards to the lumbar spine, the sciatic notches are painful to palpation and the sacroiliac joints are tender. Straight leg raise is positive on the right. An MRI of the lumbar spine revealed multilevel degenerative disease. It also revealed a broad-based disk bulge without compression at L3-L4 and facet arthropathy at L5-S1. The patient's diagnoses include the following: 1. Lumbar spine musculoligamentous strain.2. Cervical spine C3-C4, C4-C5, C5-C6 spondylosis with neuroforaminal stenosis.3. Right wrist contusion and right wrist status post extensor tendon laceration and repair, 2001.4. Left shoulder displaced glenoid fracture, left shoulder distal clavicle fracture, left shoulder comminuted acromial fracture.[redacted] is requesting for the following:1. EMG bilateral upper extremities.2. NCS of bilateral upper extremities.The utilization review determination being challenged is dated 05/23/2014. [redacted] is the requesting provider and he provided treatment reports from 09/23/2013 - 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the 05/13/2014 report by [redacted], the patient complains of low back pain, neck pain, bilateral shoulder pain, and bilateral elbow pain. The request is for an EMG of the bilateral upper extremities. Review of the reports do not provide any previous EMGs that may have been conducted. For EMG (electromygraphy), ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy.They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS (nerve conduction study) and EMG (electromyography) may confirm the diagnosis of CTS (carpal tunnel syndrome) but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." An EMG may help the treating physician pinpoint the cause and location of the patient's symptoms. Therefore, the request is medically necessary.

NCS Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the 05/13/2014 report by [redacted], the patient presents with low back pain, neck pain, bilateral shoulder pain, and bilateral elbow pain. The request is for an NCS of the bilateral upper extremities. Review of the reports does not provide any previous NCS studies that may have been conducted. For EMG (electromygraphy), ACOEM Guidelines page 262 states, "Appropriate diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS (nerve conduction study) and EMG (electromyography) may confirm the diagnosis of CTS (carpal tunnel syndrome), but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." An NCV (nerve conduction velocity) may help the treating physician pinpoint a cause and location of the patient's symptoms. Therefore, the request is medically necessary.