

Case Number:	CM14-0085124		
Date Assigned:	07/23/2014	Date of Injury:	12/07/2007
Decision Date:	10/07/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/06/2014

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 Family Medicine 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:

This patient is a 34-year-old female who has submitted a claim for major depression, diffuse musculoskeletal myofascial pain, cervical disc herniation, and bilateral shoulder sprain/strain associated with an industrial injury date of 12/7/2007. Medical records from 2013 to 2014 were reviewed. Patient complained of headache, cervical pain, thoracic and lumbar pain, and bilateral shoulder pain. Pain severity was rated 8 to 10/10 and patient reported minimal improvement with therapy, especially upon cervical traction. Neck pain radiated to bilateral upper extremities, while back pain radiated to the left leg. Examination of the cervical spine revealed restricted motion, tenderness, positive Spurling's test bilaterally, and positive cervical compression test. Weakness and diminished sensation were noted at C5 to C8 myotomes / dermatomes, respectively, bilaterally. Reflexes were normal. Examination of the lumbar spine showed restricted motion, tenderness, positive Kemp's test bilaterally, and positive straight leg raise test on the left. Weakness was noted at L4 to S1 myotomes bilaterally. Sensation was diminished at left L4 to S1 dermatomes. Both shoulders revealed decreased range of motion, positive Neer's impingement test, and positive Hawkins impingement test. Treatment to date has included physical therapy, chiropractic care, and medications. Utilization review from 5/14/2014 denied the request for physical Medicine Procedure (12 visits of Physical therapy 2 x 6 weeks to neck and bilateral shoulders) because it was not determined whether or not the patient already maximized the guideline recommendations for physical therapy in the chronic phase. Utilization review from 5/14/2014 denied the request for a EMG of bilateral upper and lower extremities because objective findings were consistent since 2013. It was not clear how EMG would change the treatment plan for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of low back pain radiating to the left lower extremity. Examination of the lumbar spine showed restricted motion, tenderness, positive Kemp's test bilaterally, and positive straight leg raise test on the left. Weakness was noted at L4 to S1 myotomes bilaterally. Sensation was diminished at left L4 to S1 dermatomes. Reflexes were intact. Clinical manifestations were consistent with focal neurologic dysfunction at the left lower extremity; hence, electromyography may be warranted. However, the present request as submitted also included testing of the contralateral lower extremity. There were no subjective complaints at the right leg, or objective findings of dysesthesia and positive provocative maneuvers to warrant an EMG. Therefore, the request for electromyography of bilateral lower extremities is not medically necessary.

Electromyography Bilateral Upper Extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of neck pain and bilateral shoulder pain radiating to both hands. Examination of the cervical spine revealed restricted motion, tenderness, positive Spurling's test bilaterally, and positive cervical compression test. Weakness and diminished sensation were noted at C5 to C8 myotomes / dermatomes, respectively, bilaterally. Reflexes were normal. Clinical manifestations were consistent with focal neurologic dysfunction; hence, EMG testing may be warranted. Guideline criteria were met. Therefore, the request for electromyography of bilateral upper extremities are medically necessary.