

Case Number:	CM14-0088197		
Date Assigned:	07/23/2014	Date of Injury:	07/16/2001
Decision Date:	09/10/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/12/2014

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 Practice 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 66 year old male claimant sustained a work injury on 7/16/01 involving the neck and low back. He was diagnosed with right shoulder impingement, right lateral epicondylitis, cervical pain, low back pain, bilateral carpal tunnel and right knee derangement. He underwent a decompression of the right clavicle and received epidural steroid injections for the cervical spine. A progress note on 5/29/14 indicated the claimant had continued 8/10 pain for years with tingling in the arms and hands. Exam findings were notable for reduced range of motion of the neck and lumbar region. Neurological exam was not done at the time. An appeal was made for an EMG of the upper extremities to evaluate for numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG (Electromyography) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

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 diagnosis of nerve root involvement. It is recommended to clarify nerve root dysfunction in cases of disc herniation pre-operatively or before an epidural injection. In this case, the claimant had received prior epidural injections and no plan for surgery is known. The clinical exam does not substantiate the need for an EMG and it is not medically necessary.