

<b>Case Number:</b>	CM14-0088443		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal 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:

The injured worker is a 40-year-old male who reported an injury due to a sudden change in direction while drilling holes on 10/23/2012. On 04/07/2014, his diagnoses included displacement of disc without myelopathy, cervical radiculopathy, and neuritis NOS. An MRI on 05/05/2014 revealed a left paracentral disc protrusion at C6-7 with mass effect upon the ventral aspect of the thecal sac, no foraminal encroachment was identified, and there was a large left sided maxillary mucosal retention cyst. On 05/06/2014, before the examining physician had seen the results of the MRI from the day before, the treatment plan included ordering an EMG nerve conduction study. The rationale of which was to rule out cervical radiculopathy versus other neuropathies. There was no Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) left upper extremity x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back updated 04/14/14

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

**Decision rationale:** The request for Electromyography (EMG) left upper extremity x 1 is not medically necessary. Per the California ACOEM Guidelines, electromyography is not recommended for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. The clinical information submitted failed to meet the evidence based guidelines for electromyography. Therefore, this request for Electromyography (EMG) left upper extremity x 1 is not medically necessary.