

<b>Case Number:</b>	CM14-0099720		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid, and low back pain reportedly associated with an industrial injury of February 24, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; electrodiagnostic testing of the lower extremity of May 27, 2014, notable for an S1 lumbar radiculopathy; opioid agents; earlier lumbar laminectomy surgery; and work restrictions. In a Utilization Review Report dated June 4, 2014, the claims administrator denied EMG testing of the bilateral upper extremities. The claims administrator stated that there was no evidence that conservative treatments had been tried and failed as of the date of the request, despite the fact that the applicant was between two and three months removed from the date of injury as of the date of the request. The applicant's attorney subsequently appealed. In a June 2, 2014 progress note, the applicant reported ongoing complaints of neck pain radiating to the bilateral upper extremities, mid back pain, low back pain, and right lower extremity pain. The applicant had paresthesias about the bilateral hands, right greater than left, exacerbated by driving and lying down. Numbness and weakness were reported on neurologic review of systems. The attending provider stated that he was worried that the applicant might have some sort of underlying cervical disk injury versus cervical spondylosis. Upper extremity electrodiagnostic testing was sought. The attending provider stated that the applicant had failed conservative treatment with physical therapy. The attending provider stated that the EMG testing would influence the treatment plan and would determine the need for a surgical referral versus epidural steroid injection therapy. Unspecified medications and a rather proscriptive 10-pound lifting limitation were renewed.

## **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 8 Neck and Upper Back Complaints Page(s): 177-179.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, EMG testing is "recommended" to clarify a diagnosis of suspected nerve root dysfunction in cases of suspected disk herniation either preoperatively or before an epidural steroid injection. In this case, the attending provider has stated that the EMG testing in question would influence the treatment plan and potentially determine the need for a surgical consultation versus an epidural steroid injection. The applicant does have ongoing complaints of neck pain radiating to the upper extremities suggestive of cervical radiculopathy. EMG testing is indicated to determine the presence or absence of the same. Therefore, the request is medically necessary.