

Case Number:	CM14-0194199		
Date Assigned:	12/01/2014	Date of Injury:	02/18/2014
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year old female who suffered an unknown work related injury on 02/18/14. Per the physician notes from 09/30/14, she complains of numb hands, pain at a level of 8/10 and low back pain at 9/10, cervical pain at 9/10. Diagnoses include radiculopathy, radiculitis, sprain lumbar region and sprain thoracic region. Treatment has been Tramadol, Norco, and Prilosec. The physician requested approval for an Electromyography (EMG) of the left and right upper extremity. This request was denied by the Claims Administrator on 10/21/14 and was subsequently appealed for Independent Medical Review. An 8/21/14 partially legible handwritten progress note states that the patient has neck pain with constant radiation to upper extremities with numbness. The objective findings state +cervical MRI and +lumbar MRI. The treatment plan states that EMG of the upper extremities is pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Left and Right Upper Extremity: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back-Electromyography (EMG)

Decision rationale: Electromyography (EMG) of the Left and Right Upper Extremity is not medically necessary per the MTUS Guidelines. The guidelines states that when the neurologic examination is less clear, "further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." The ODG states that while cervical electrodiagnostic studies are "not necessary to demonstrate a cervical radiculopathy," they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. The documentation reveals symptomatology consistent with cervical radicular signs. The guidelines state that Electrodiagnostic testing is not necessary when radiculopathy is obvious. The request for Electromyography (EMG) of the Left and Right Upper Extremity are not medically necessary.