

Case Number:	CM14-0197956		
Date Assigned:	12/09/2014	Date of Injury:	09/18/2008
Decision Date:	01/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Pain 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 is a patient with a date of injury of September 18, 2008. A utilization review determination dated November 14, 2014 recommends noncertification of "muscle test 2 limbs." Noncertification is recommended since the patient had a left arm EMG recently with no documentation of progressive objective findings and neurologic deficits. A progress report dated October 22, 2014 indicates that the patient was sent for an EMG/nerve conduction study. Patient continues to complain of left sided neck pain with pain into his left arm. His pain is currently controlled with Celebrex and Norco. He is 8 months out from his cervical procedure and feels he is getting better. He has been through 24 visits of physical therapy and is doing exercises on his own. Physical examination revealed decreased strength in the left deltoid, left biceps, and left external rotators of the shoulder. The note indicates that the EMG/nerve conduction study shows chronic C6 nerve root irritation on the right side and chronic C5, C6, and C7 nerve root irritation on the left side. Additionally, there is entrapment of the median nerve on the right wrist as well as the left. There is some entrapment of the ulnar nerve on the right elbow as well as the left. Diagnoses include cervical degenerative disc disease and stenosis with cervical myelopathy status post anterior cervical fusion C3 to C6 and postoperative C-5 nerve palsy. The treatment plan recommends continued therapy and increase activity levels. The EMG was discussed with the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178,182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG of left upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, it appears the patient recently underwent bilateral upper extremity EMG/nerve conduction studies. There is no documentation of any new findings or change in the patient's findings to support a repeat left upper extremity EMG. Additionally, the requesting physician has not identified how the patient's management will be changed based upon the outcome of a repeat left upper extremity EMG. In the absence of such documentation, the currently requested left upper extremity EMG is not medically necessary.