

Case Number:	CM15-0108666		
Date Assigned:	06/15/2015	Date of Injury:	12/01/2004
Decision Date:	07/14/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 50 year old male, who sustained an industrial/work injury on 12/1/04. He reported initial complaints of right shoulder joint pain and muscle spasms between the shoulder blades. The injured worker was diagnosed as having carpal tunnel syndrome, degeneration of cervical intervertebral disc, and pain in joint involving shoulder region. Treatment to date has included medication, lumbar surgery (2/9/08), and diagnostics. MRI results were reported on 1/19/11 of the right elbow. CT scan results were reported on 6/28/10. Currently, the injured worker complains of right elbow pain, numbness in the last two digits of hands, neck pain, bilateral shoulder pain, low back pain and bilateral lower extremity pain. Pain is rated 4-5/10 without medication and 3-6 with medication. Per the primary physician's progress report (PR-2) on 5/5/15, exam reveals tenderness over the right lateral epicondyle and right common extensor tendon, limited range of motion of both shoulders, flexion and abduction is 0-90 degrees, tenderness over the right lower lumbar paraspinal muscles and tenderness and tightness over the upper trapezius muscles and cervical paraspinal muscles, limited active range of motion of the cervical spine, flexion is 0-30 degrees, extension is 0 degrees, and rotation to the left and to the right is 0-15 degrees. There is decreased sensation to light touch over the left L4-5 dermatome and right lateral thigh, and slight antalgic gait. The requested treatments include EMG (electromyogram) of the left and right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Chapter: Forearm, Wrist & Hand (Acute & Chronic), Electrodiagnostic studies (EDS); Chapter: Carpal Tunnel Syndrome (Acute & Chronic), Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), 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 (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). There is no documentation of a complete neurological examination of the upper extremities that include sensory examination. In addition, EMG testing is recommended only in cases where diagnosis is difficult with NCV study. Therefore, the request for EMG of the Left Upper Extremity is not medically necessary.

EMG of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Chapter: Forearm, Wrist & Hand (Acute & Chronic), Electrodiagnostic studies (EDS); Chapter: Carpal Tunnel Syndrome (Acute & Chronic), Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study

helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), 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 (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). There is no documentation of a complete neurological examination of the upper extremities that include sensory examination. In addition, EMG testing is recommended only in cases where diagnosis is difficult with NCV study. Therefore, the request for EMG of the right Upper Extremity is not medically necessary.