

<b>Case Number:</b>	CM15-0141591		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old woman sustained an industrial injury on 1-21-2013 after being involved in a motor vehicle crash after a rollover. The worker received medical care the following day. Evaluations include undated CT scan, brain MRI, and cervical spine MRI dated 4-1-2013. Diagnoses include chronic pain due to trauma, cervical spondylosis without myelopathy, neck sprain-strain, thoracic spine sprain-strain, vertigo of central origin, and lumbar spine sprain-strain. Treatment has included oral medications, diagnostic medial branch blocks, massage therapy, chiropractic care, activity modification, radiofrequency lesioning, use of a cane, and physical therapy. Physician notes dated 6-10-2015 show complaints of neck pain with stiffness, insomnia, return of headaches, and dizziness. The worker states her usual pain rating is between 3 and 5 out of 10. Recommendations include Ibuprofen, Zanaflex, bilateral upper extremity electromyogram, and follow up in three months.

### 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:** 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 and upper back (Acute & Chronic)-Electromyography (EMG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) and Other Medical Treatment Guidelines Electrodiagnostic testing (EMG/NCS) AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant sustained a work-related injury in January 2013 as the result of a rollover motor vehicle accident and is being treated for neck pain, headaches, and bilateral upper extremity numbness affecting the first through third digits bilaterally. When seen, there was minimal neck pain. She had improved after cervical medial branch radiofrequency ablation treatment. Her BMI was over 30. She was noted to be right hand dominant. There was diffuse cervical tenderness and she was using a cane. There was an otherwise normal examination. Electrodiagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination that would support the need for obtaining EMG testing of the left upper extremity at this time. This request is not medically necessary.