

Case Number:	CM15-0166065		
Date Assigned:	09/03/2015	Date of Injury:	02/24/2015
Decision Date:	10/08/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/24/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female with an industrial injury dated 05-17-2004. Her diagnoses included bilateral cervical strain, bilateral cervical radiculopathy, myofascial pain syndrome and question of bilateral cervical radiculopathy verses bilateral carpal tunnel syndrome. Prior treatment included physical therapy, acupuncture, psychiatrist and chiropractic care. She presented on 03-04-2015 with complaints of pain in the bilateral paracervical trapezius muscles with some radiation of pain down the bilateral lower extremities with some intermittent numbness and tingling sensations affecting both hands. Examination of the cervical spine noted decreased flexion, extension and bilateral bending and rotation by 10 percent of normal. There was decreased sensation in the bilateral ventral aspect of the thumb and first two and half digits. The treatment request is for EMG (Electromyography) study of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) study of bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic) (updated 07/15/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, EMG/NCS and Other Medical Treatment Guidelines ACOEM, page 262, EMG/NCV.

Decision rationale: The patient presents with difficulty walking, pain and weakness in her lower extremities, radiating pain from her legs into the toes, and difficulty raising her right shoulder. The current request is for EMG (Electromyography) study of Bilateral Upper Extremities. The treating physician's report dated 08/04/2015 (102B) states, "No weakness was noted for small muscles of the hands". No atrophy or abnormal tone was noted. Normal sensory examination in the upper extremities, Reflex were symmetrical throughout the upper extremities bilaterally. There are no previous EMG/NCV of the upper extremities. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. In this case, the requesting physician states that the IW complains of radiating pain suggestive of compressive neuropathy or cervical radiculopathy. The examination from 08/04/2015 shows normal reflexes, no evidence of weakness and there are no sensory deficits affecting the upper extremities. The current request is medically necessary.