

Case Number:	CM15-0166507		
Date Assigned:	09/04/2015	Date of Injury:	03/03/2015
Decision Date:	10/13/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 44-year-old who has filed a claim for neck, back, knee, and shoulder pain with derivative complaints of headaches, reportedly associated with an industrial injury of March 3, 2015. In a Utilization Review report dated July 25, 2015, the claims administrator failed to approve a request for EMG testing of bilateral upper extremities. The claims administrator referenced an RFA form received on July 16, 2015 in its determination. The applicant's attorney subsequently appealed. On May 21, 2015, the applicant was placed off of work, on total temporary disability, while Norco, Kera-Tek analgesic gel, drug testing, 12 additional sessions of physical therapy, neurology consultation, and electrodiagnostic testing of bilateral upper and bilateral lower extremities were endorsed. MRI imaging of the cervical spine, lumbar spine, and left knee was also ordered. The applicant reported multifocal complaints of bilateral shoulder pain, neck pain, headaches, facial numbness, and knee pain, it was reported. The stated diagnoses were bilateral knee strains, lumbar strain, cervical strain and blunt head trauma. The applicant's neurologic review of systems were negative for numbness, tingling, or loss of sensation, it was reported. On June 19, 2015, the applicant was again placed off of work, on total temporary disability, while MRI imaging of cervical spine, lumbar spine, and left knee were also endorsed. Radiation of pain to the left arm with occasional numbness was reported. The applicant was not working, it was acknowledged. On July 10, 2015, the applicant was, once again, placed off of work, on total temporary disability, while a neurology consultation, cervical MRI imaging, lumbar MRI imaging, and knee MRI imaging were endorsed. Kera-Tek analgesic gel was renewed. Drug testing was sought. The applicant was

kept off of work. Ongoing complaints of neck and low back pain were noted, 7/10 worsening. Radiation of neck pain to the left shoulder was reported with low back pain radiating to the left leg. The applicant was using Norco; it was stated in another section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral upper extremities secondary to cervical sprain:
Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Diagnostic Criteria.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for EMG testing of bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, EMG testing is deemed "not recommended" for a diagnosis of nerve root involvement if findings of history, physical exam, and/or imaging study are consistent. Here, cervical MRI imaging was sought on multiple dates, including on July 10, 2015, the result of which, if positive, would obviate the need for the EMG testing at issue. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, further notes that routine usage of EMG or NCV testing in the diagnostic evaluation of nerve root entrapment is deemed "not recommended." Here, the fact that multiple diagnostic studies were ordered as of the same office visit of May 21, 2015, including MRI imaging of cervical spine, MRI imaging of lumbar spine, MRI imaging of left knee, electrodiagnostic testing of bilateral upper extremities and electrodiagnostic testing of bilateral lower extremities, taken together, strongly suggested that the EMG testing at issue had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.