

Case Number:	CM15-0196355		
Date Assigned:	10/12/2015	Date of Injury:	06/13/2014
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/06/2015

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

Certification(s)/Specialty: Emergency 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 45-year-old female who sustained an industrial injury on 6-13-2014. Diagnosis is cervicobrachial syndrome. Documented treatment includes medication. The injured worker has been presenting with chronic neck and upper extremity pain, with radicular symptoms in the left upper extremity. This has included upper extremity muscle cramping and weakness, worse with overhead activity. Diagnostic tests include electrodiagnostic evidence of left C-6 radiculopathy on 5-15-2-15, stated by the physician as being "consistent with C5-C-6 disc pathology," and, MRI dated 8-7-2014 showing disc pathology with stenosis, which the physician states "would tend to impinge on the C7 nerve root." The injured worker is being considered for cervical discectomy and fusion after having a surgical consultation. The treating physician is requesting a repeat electromyography nerve conduction study, which would help confirm "whether there is a mismatch" before proceeding with surgery. This study was denied on 9-28-2015. Current work status is with restrictions only or, if unavailable, she is totally temporarily disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested Electromyogram (EMG) of the bilateral upper extremities, is medically necessary. American College of Occupational and Environmental Medicine (ACCOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 177-179, Special Studies and Diagnostic and Treatment Considerations, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has chronic neck and upper extremity pain, with radicular symptoms in the left upper extremity. This has included upper extremity muscle cramping and weakness, worse with overhead activity. Diagnostic tests include electrodiagnostic evidence of left C-6 radiculopathy on 5-15-2-15, stated by the physician as being "consistent with C5-C-6 disc pathology," and, MRI dated 8-7-2014 showing disc pathology with stenosis which the physician states "would tend to impinge on the C7 nerve root." The injured worker is being considered for cervical discectomy and fusion after having a surgical consultation. The treating physician is requesting a repeat electromyography nerve conduction study, which would help confirm, "whether there is a mismatch" before proceeding with surgery. The treating physician has documented sufficient medical necessity for this electrodiagnostic test to further clarify the injured worker's neurologic symptomatology. The criteria noted above having been met, Electromyogram (EMG) of the bilateral upper extremities is medically necessary.