

Case Number:	CM15-0220836		
Date Assigned:	11/16/2015	Date of Injury:	10/06/2009
Decision Date:	12/24/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/10/2015

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: Washington, 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 injured worker is a 30 year old male who sustained an industrial-work injury on 10-6-09. A review of the medical records indicates that the injured worker is undergoing treatment for cervical and lumbar degenerative disc disease (DDD), cervical radiculopathy, and cervical sprain. Comorbid conditions include morbid obesity BMI 48.03. Per the treating physician report dated 9-15-15 the work status is temporary totally disabled. Treatment to date has included pain medication (Percocet, OxyContin, Xanax, Cymbalta, Celebrex, Amitriptyline, Gabapentin (did not tolerate), Trazodone, Opana ER, Nucynta, Butrans), rest, labs, diagnostics, Functional Capacity Evaluation (FCE), physical therapy with minimal temporary relief. Magnetic resonance imaging (MRI) of the cervical spine dated 6-8-15 revealed area of stenosis at C6-7. The MRI of the lumbar spine dated 6-8-15 revealed L5-S1 disc bulge and annular tear, and mild bulging L4-5. Medical records dated 10-8-15 indicated that the injured worker complained of his hands going to sleep when he lies on his back. He required a walker to ambulate. He reported most pain was in the low back and thoracic-lumbar area. He also had upper extremity right sided radicular symptoms described as shooting, stabbing, crushing, burning and radiating and complained of chronic headaches. The physical exam revealed decreased cervical range of motion with pain on motion, muscle spasm in the cervical spine, sensation was normal in the C3-7 and L1-L5 distribution, Spurling sign is positive bilaterally, left shoulder strength was 4/5 with give way weakness in bilateral upper extremities C5-T1 distribution. There was also decreased lumbar range of motion with pain on motion, lumbar tenderness, muscle spasm in the lumbar spine, and positive straight leg raise at 30 degrees. The

physician's plan included electromyography (EMG) cervical spine and bilateral upper extremities to rule out brachial plexus injury and confirm the diagnosis of radiculopathy from the C5-6 lesion noted on the cervical MRI scan. The request for authorization date was 10-13-15 and requested service included electromyography (EMG) cervical spine and bilateral upper extremities. The original Utilization review dated 10-21-15 non-certified the request for electromyography (EMG) cervical spine and bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG cervical spine and bilateral upper extremities: Overturned

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

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

Decision rationale: Electromyography (EMG) is a diagnostic test used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, EMG testing is used to evaluate and record the electrical activity produced by skeletal muscles. This test can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). The ACOEM guidelines also recommend their use to clarify nerve root dysfunction in cases of disk herniation prior to surgery or epidural injections. Criteria for their use are very specific. When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient has symptoms present for over 4 weeks, has a diagnosed disk herniation for which surgery is an option and complains of worsening upper extremity pain over the last 3 months. EMG testing will help differentiate if his symptoms are from the C5-6 disc lesion affecting the cervical spinal roots or a more peripheral cause, such as brachial plexus injury, and thus will direct further therapy. Therefore, the request is medically necessary.