

Case Number:	CM15-0034962		
Date Assigned:	03/03/2015	Date of Injury:	11/27/2013
Decision Date:	04/08/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 52 year old male who sustained a work related injury by motor vehicle accident as a pedestrian to the head, neck, mid and low back on November 27, 2013. A cervical magnetic resonance imaging (MRI) performed on January 16, 2014 demonstrated degenerative disc disease at C5-C6 and C6-C7 with moderate narrowing of the left lateral recess at C6-C7. The injured worker was diagnosed with cervical degenerative disc disease, cervicgia, left upper extremity radiculopathy, diffuse regional myofascial pain and left shoulder tendinosis. According to the primary treating physician's progress report on January 12, 2015 the patient presented with complaints of headaches and neck pain radiating to the left shoulder and left upper extremity with numbness. The medical record noted an increase in the neck pain, increase in the left upper extremity symptoms and loss of the C7 and C6 reflex after the 2nd transforaminal epidural steroid injection (ESI) treatment. Current medications are listed as Norco, Flexeril, Lidoderm patches and Naprosyn. Treatment modalities have consisted of physical therapy, chiropractic therapy, two transforaminal cervical epidural steroid injections (ESI's) and medications. The treating physician requested authorization for Electromyography (EMG) Left Upper Extremity to rule out cord or nerve root injury. On February 17, 2015 the Utilization Review denied certification for Electromyography (EMG) Left Upper Extremity. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: The request is considered not medically necessary. According to MTUS guidelines, an EMG is useful for unequivocal exam findings of radiculopathy that need to be further delineated by electrodiagnostic testing. According to the chart, the patient had symptoms of numbness and tingling along C6-C7 as well as exam findings of dysesthesias along the same dermatomes. Because the exam findings and symptoms corroborated each other and were distinct, there was no need for further electrodiagnostic testing. Therefore, the request for EMG of the left upper extremity is considered not medically necessary.