MAXIMUS Federal Services

Case Number:	CM15-0036326		
Date Assigned:	03/04/2015	Date of Injury:	03/05/1990
Decision Date:	04/14/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/26/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old female, who sustained an industrial injury on 3/5/90. She has reported pain in the neck, shoulders and lower extremities. The diagnoses have included cervical degenerative disc disease, left shoulder impingement and right hip osteoarthritis. Treatment to date has included cervical x-rays, left shoulder MRI and pain medications. As of the PR2 dated 1/22/15, the injured worker reports ongoing pain and spasms in the neck and left shoulder and is unable to turn sideways without pain. She indicated that she is able to manage baseline pain with her current pain medications, but has worsening anxiety related to the pain. The treating physician noted positive impingement signs. The treating physician requested an EMG study to the bilateral upper extremities. On 1/31/15 Utilization Review non-certified a request for an EMG study to the bilateral upper extremities. The utilization review physician cited the ACOEM guidelines. On 2/17/15, the injured worker submitted an application for IMR for review of an EMG study to the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) to bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 178; 204.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Pain: Treatment Consideration: EMG.

Decision rationale: Electromyography (EMG) to bilateral upper extremities is not medically necessary. According to the Official Disability Guidelines when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Electromyography (EMG), NCS including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with neck or low back pain symptoms lasting more than three or four weeks. The physical exam was not indicative of a radiculitis and there was no confirmation with the MRI. There is no indication for EMG of the bilateral upper extremities; therefore the request is not medically necessary.