MAXIMUS Federal Services

Case Number:	CM15-0086359		
Date Assigned:	05/08/2015	Date of Injury:	12/03/2014
Decision Date:	06/18/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/05/2015

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: Internal 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 52 year old male, who sustained an industrial injury on 12/03/2014. He has reported subsequent back pain and headaches and was diagnosed with blunt head trauma, concussion, sprain/strain of the lumbar and cervical spine and contusion of the upper back and buttocks. Treatment to date has included oral pain medication, application of heat and cold and physical therapy. In a progress note dated 04/15/2015, the injured worker complained of continued severe neck pain, headaches and right sided upper and lower extremity weakness. Objective findings were notable for antalgic gait, right arm held with shoulder (internally rotates and elbow flexed), global weakness of the right upper and lower extremity and decreased sensation to light touch at C5-C8 and L3-S1 on the right. The physician noted that the injured worker had generalized right-sided radiculopathy on exam which had been present for greater than 3 months and that an electromyogram could help determine the etiology of neurologic deficits. A request for authorization of an electromyogram of the bilateral upper extremities was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 26.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 181-183. Decision based on Non-MTUS Citation Work Loss Data Institute. Neck and upper back (acute & chronic) 2013 http://www.guideline.gov/content.aspx?id=47589.

Decision rationale: MTUS addresses EMG electromyography. ACOEM 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) indicates that EMG electromyography for diagnosis of nerve involvement, if findings of history, physical exam, and imaging study are consistent, is not recommended. Electromyography (EMG) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) indicates that EMG is not necessary for the diagnosis of intervertebral disk disease with radiculopathy. Magnetic resonance imaging MRI of brain dated 12/19/14 documented a normal MRI evaluation of the brain. The progress report dated 1/21/15 noted Waddell's signs, subjective complaints greater than objective findings, abnormal gait during exam but able to walk swiftly whole out of exam room and out of clinic (observed personally). The neurology consult report dated 3/3/15 noted that MRI of the cervical spine on 12-22-14 showed disc bulges at C4/5 and C5/6. The neurology consult report dated 3/3/15 documented a review of medical records, and noted that in the 1/7/15 progress report, the examining physician expressed puzzlement at the veracity of the patient's complaints, that the patient held his right arm tightly against his torso as if he had sustained a stroke and that this posture was taken only when under formal examination, and that the exam did not corroborate with objective findings of tests that had been performed and that the exam was not physiological. The neurology consult report dated 3/3/15 noted that the patient held his right arm tightly against his torso as if he had sustained a stroke and that this posture was taken only when under formal examination. The neurology consult report dated 3/3/15 noted a non-physiological exam, and that the patient has no physically disabling injuries for the industrial accident. The opinion was that the patient is exquisitely intent on convincing his treating physicians, carrier, employer that something catastrophic did happen to him with this injury. The primary physician's comprehensive report dated 4/15/15 documented the diagnosis of cervical radiculitis, global weakness of the right upper extremity, generalized right-sided radiculopathy, and a request for EMG of bilateral upper extremities. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) indicates that EMG is not necessary for the diagnosis of intervertebral disk disease with radiculopathy. The neurology consult report dated 3/3/15 noted that the patient held his right arm tightly against his torso as if he had sustained a stroke and that this posture was taken only when under formal examination. The neurology consult report dated 3/3/15 noted a non-physiological exam, and that the patient has no physically disabling injuries for the industrial accident. Because the 3/13/15, the neurologist's physical examination did not demonstrate objective evidence of neurologic deficits in bilateral upper extremities, the request for EMG electromyography of bilateral upper extremities is not supported. Therefore, the request for EMG electromyography of bilateral upper extremities is not medically necessary.