

Case Number:	CM14-0117617		
Date Assigned:	08/06/2014	Date of Injury:	05/07/2010
Decision Date:	10/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation & Pain Medicine, and is licensed to practice in Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44-year-old female who reported an injury on 05/07/2010 due to a mobile shelving unit wheel broke and the unit fell on top of her. Diagnoses were nonallopathic lesion, cervical region, nonallopathic lesion, lumbar region, nonallopathic lesion, sacral region, brachial neuritis or radiculitis, cervical, headache. An MRI of the lumbar spine dated 10/25/2012 revealed degenerative disc disease with facet arthropathy and retrolisthesis L4-5 and L5-S1 neural foraminal narrowing includes L4-5, mild to moderate right and L5-S1 moderate to severe right neural foraminal narrowing, probable atypical hemangioma. However, nonspecifically seen at T12 with decreased T1 and increased T2 signal. Surgical history included a tonsillectomy, adenoid removal, and knee arthroscopy. Physical examination on 05/23/2014 revealed complaints of headaches, neck pain, and low back pain. Examination of the lumbar spine revealed tenderness to digit palpation and muscle tension on both sides of the lumbar spine. Subluxations were noted at the following levels, L5 and L3. Pain was reported without provocation. Examination of the sacrum revealed tenderness to palpation and muscle tension on both sides of the sacrum. Cervical examination revealed tenderness to palpation and muscle tension on both sides of the cervical spine. Subluxations were noted at the following levels, C5 on the right and C6 on the right, C3 and C1 on the right. Range of motion was decreased for the cervical spine and lumbar spine. Cervical compression test was positive. Kemp's test was positive bilaterally. Straight leg raise test was positive bilaterally. Biceps reflex was a 1+ at the C5-6 root on the right and 2+ on the left. Triceps reflex and brachioradialis reflex was normal on the right and the left. Sensory evaluation revealed the physician was unable to elicit consistent demonstration of sensorial deficit using pin wheel and had little response. Medications were not reported. Treatment plan was for an EMG of the left upper extremity. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The decision for electromyography (EMG) of the left upper extremity is not medically necessary. The ACOEM Guidelines state that electromyography (EMG), including H reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. EMGs are not necessary if radiculopathy is present upon examination. Cervical compression was positive, and shoulder depression maneuver was positive on the right. Deep tendon reflexes on the biceps was positive on the right at the C5-6. The injured worker had objective signs of radiculopathy. Kemp's test was positive bilaterally, straight leg raise was positive bilaterally. The medical guidelines state EMG is not necessary if radiculopathy is present upon examination. Therefore, the request for EMG is not medically necessary.