

Case Number:	CM14-0212160		
Date Assigned:	01/02/2015	Date of Injury:	07/09/2001
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported an injury on 07/09/2001. The mechanism of injury was not provided. Diagnoses included cubital tunnel syndrome and lumbosacral spondylosis. The clinical note dated 11/19/2014 noted patient complains of pain in the low back. Other therapies included physical therapy, heat, ice, activity modification, NSAIDs and the use of a spinal cord stimulator. Medications included Zanaflex, MS Contin, morphine sulfate, Valium, Robaxin and lisinopril. Diagnostic studies included an MRI of the lumbar spine performed on 01/11/2013, which revealed interval anterior plate and screw fixation with interbody plug at the C3 and C4 levels, as well as posterior hardware fixation; the remainder of the fuse block remains unchanged. An x-ray, pelvic, performed on 07/09/2013, revealed no acute osseous abnormality; there were degenerative changes noted over the lower lumbar facets. Examination of the lumbar spine noted pain with lumbar extension/facet loading and right lumbar paravertebral myofascial tenderness. The provider recommended an EMG of the right and left upper extremities. The provider's rationale was not provided. The Request for Authorization form was dated 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for EMG of the left upper extremity as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an EMG of the left upper extremity as an outpatient is not medically necessary. The California MTUS/ACOEM Guidelines state that criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of anatomy prior to an invasive procedure. The documentation submitted for review did not indicate any emergent red flag conditions or recent tissue insult or neurologic dysfunction. A complete and adequate physical examination was not provided to indicate positive provocative testing or neurologic deficits. As such, medical necessity has not been established.

Referral for EMG of the right upper extremity as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an EMG of the right upper extremity as an outpatient is not medically necessary. The California MTUS/ACOEM Guidelines state that criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of anatomy prior to an invasive procedure. The documentation submitted for review did not indicate any emergent red flag conditions or recent tissue insult or neurologic dysfunction. A complete and adequate physical examination was not provided to indicate positive provocative testing or neurologic deficits. As such, medical necessity has not been established.