MAXIMUS Federal Services

Case Number:	CM15-0010519		
Date Assigned:	01/28/2015	Date of Injury:	03/21/2011
Decision Date:	03/24/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/19/2015

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: 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 36 year old male, who sustained a work/ industrial injury from a fall on 3/21/11. He has reported symptoms of headache and pain in the jaw, low back pain with radiculopathy in both legs. There was discomfort in the lumbosacral spine with negative straight leg raise test. The Tinel's and Romberg's tests were also negative. The IW felt intermittently off balance. Past medical history includes diabetes mellitus. The headaches resolved but he continued with pain in the jaw and moderate back and neck pain. The diagnoses have included derangement of ankle and foot and history of fall with closed head injury. Treatment to date has included medication, diagnostics (Computed Tomography (CT) scan, Magnetic Resonance Imaging (MRI), neurology evaluation, and physical therapy. Mediations included Relafen, Protonix, Glucosamine, Gabapentin, Topical analgesics, Tramadol, and Novolog. A request was made for an electromyogram of the bilateral upper extremities between 1/8/15 and 2/22/15. On 1/13/15, Utilization Review non-certified a Electromyogram of the bilateral upper extremities, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) electromyogram of the bilateral upper extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 206-262.

Decision rationale: This patient presents with headache, pain in the jack, lower back pain radiating into bilateral legs. The treater has asked for ONE ELECTROMYOGRAM OF THE BILATERAL UPPER EXTREMITIES on 1/5/15 "because peripheral neuropathy itself secondary to diabetes can cause gait impairment and balance difficulty. " Review of the reports do not show any evidence of electrodiagnostic studies being done in the past. In reference to specialized studies of the neck, MTUS guidelines state that electromyography tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the patient has radicular symptoms in the arms, and has problems with his balance. The treater believes that an EMG would be able to distinguish between the radiculopathy, peripheral neuropathy, as well as evaluate the balance problems the patient is having. The request IS medically necessary.