

Case Number:	CM15-0011497		
Date Assigned:	01/29/2015	Date of Injury:	06/13/2014
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/21/2015

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 55-year-old male, with a reported date of injury of 06/13/2014. The diagnoses include cervical radiculopathy. Treatments have included chiropractic care, ice, and oral pain medications. The initial pain management evaluation dated 12/11/2014 indicates that the injured worker complained of shoulder pain and low back pain. The injured worker had completed four (4) sessions of chiropractic care, without significant relief. He had mild to moderate improvement, but short-lasting relief with chiropractic treatment. The injured worker rated his pain 6 out of 10 at rest and 8 out of 10 with activities. The pain was associated with numbness and tingling in the upper and lower extremities. The physical examination showed mild antalgic gait, decreased range of motion of the cervical spine, decreased range of motion of the right shoulder, tenderness over the acromioclavicular joint, right-sided paravertebral cervical musculature tenderness and spasm, and parascapular tenderness. The treating physician requested one electromyography (EMG) for the left upper extremity based on the injured worker's symptomatology and exam findings. On 01/19/2015, Utilization Review (UR) denied the request for one (1) electromyography (EMG) for the left upper extremity as an outpatient. The UR physician noted that there were no x-rays available of the lumbar spine. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for left upper extremity as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Pain Chapter on EMG/NCS

Decision rationale: This patient presents shoulder and low back pain. The treater is requesting EMG FOR THE LEFT UPPER EXTREMITY AS AN OUTPATIENT. The RFA was not made available for review. The patient's date of injury is from 06/13/2014, and his current work status is modified duty. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies -EDS- may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography -EMG-. Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The records do not show any previous EMG of the left upper extremity. The 12/11/2014 report shows decreased range of motion of the cervical spine especially with extension, left and right rotation, which increases his pain. There is also decreased range of motion in the right shoulder. Hawkins was positive on the right, full range of motion on the left shoulder. There is midline tenderness over the cervical spine at C6-C7 and over L3 through L5. Lasegue's and Spurling's are positive. Sensation is decreased over the right L5 dermatome to pinprick and light touch. There is C5-C6 dermatomal change over the right upper extremity. In this case, the examination does not show any sensory or neurological deficits in the left upper extremity to warrant the need of an EMG. The request IS NOT medically necessary.