

Case Number:	CM14-0143027		
Date Assigned:	09/10/2014	Date of Injury:	12/18/2013
Decision Date:	10/20/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/03/2014

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 Neurological Surgery and is licensed to practice in Texas and Michigan. 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 62 year old male who reported an injury on 12/18/13 as a result of a work-related incident. The clinical note dated 09/24/14 indicates the injured worker having undergone electromyogram/nerve conduction velocity studies of the upper extremities. The note indicates the injured worker having complaints of headaches and dizziness over the previous 2 weeks. Upon exam, the injured worker was able to demonstrate 5/5 strength throughout the both upper extremities. The note does indicate the injured worker having a positive Spurling's test on the right. The clinical note dated 07/23/14 indicates the injured worker complaining of return of headaches. There is an indication the injured worker had undergone both a magnetic resonance image and magnetic resonance arthrogram of the brain. The note indicates the injured worker utilizing Neurontin for ongoing pain relief. No strength deficits were identified in the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electromyography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The request for electromyography of the upper extremities is not medically necessary. The documentation indicates the injured worker complained of cervical region pain. Electrodiagnostic studies of the upper extremities are indicated for injured workers who have demonstrated neurologic deficits. No information was submitted regarding the injured worker's strength, sensation, or reflex deficits in the upper extremities. Additionally, the clinical notes indicate the injured worker having undergone recent electrodiagnostic studies. However, these results were not made available in the submitted documentation. Therefore, it is unclear that the injured worker has developed any new pathology or significant changes in the symptomology. Given these factors, the request is not indicated as medically necessary.