

<b>Case Number:</b>	CM13-0006786		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/12/2008
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 48 year-old male with a date of injury of February 12, 2008. The patient has industrially covered body regions of the cervical and lumbar spine. The patient has a history of lumbar spine surgery including fusion and laminectomy. The injured worker has complaints of cervical spine pain that radiates to the right upper extremity. A utilization review determination had noncertified this request because the documentation "does not indicate any motor - sensory deficits consistent with cervical radiculopathy and right upper extremity peripheral neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS RIGHT UPPER EXREMITTY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** ACOEM Chapter 8 Neck and Upper Back Complaints contains the following discussion of electrodiagnostic testing on pages 177-178: "Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve

compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." In the case of this injured worker, there is a special report on date of service October 11, 2013 that directly addresses the previous utilization review denial of electrodiagnostic study for the right upper extremity. In this report, there is documentation in examining the shoulders that a "significant amount of weakness was noted." The patient is noted to complain of continued neck pain which radiates to the upper extremity. The patient walked with an antalgic gait. The requesting physician also reasons in this letter that neurologic symptoms need not be obviously present in order for a study to be carried out. Given the chronicity of the patient's radicular pain pattern, and the documentation that there is some shoulder weakness, it is reasonable to carry out any electrodiagnostic study. Nerve conduction studies can assist in cases of cervical radiculopathy even though they are expected to be normal. They can exclude other diagnoses such as brachial plexopathy or peripheral polyneuropathy. Therefore this request is recommended for certification.

**EMG RIGHT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** ACOEM Chapter 8 Neck and Upper Back Complaints contains the following discussion of electrodiagnostic testing on pages 177-178: "Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." In the case of this injured worker, there is a special report on date of service October 11, 2013 that directly addresses the previous utilization review denial of electrodiagnostic study for the right upper extremity. In this report, there is documentation in examining the shoulders that a "significant amount of weakness was noted." The patient is noted to complain of continued neck pain which radiates to the upper extremity. The patient walked with an antalgic gait. The requesting physician also reasons in this letter that neurologic symptoms need not be obviously present in order for a study to be carried out. Given the chronicity of the patient's radicular pain pattern, and the documentation that there is some shoulder weakness, it is reasonable to carry out any electrodiagnostic study.

Electromyography is the most important element of an electrodiagnostic study to identify active or chronic denervation changes in a myotomal pattern to establish the diagnosis of cervical radiculopathy