

<b>Case Number:</b>	CM13-0010773		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Internal Medicine and is licensed to practice in Virginia and District of Columbia. 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:

This is a 39 year old patient who sustained injury on Jul 11 2013 and then suffered neck and low back pain after his forklift hit several bumps. The patient saw [REDACTED] for constant neck pain and pain that radiated to his bilateral upper extremities with a pins and needle-like sensation. He was seen on Dec 6 2013 and Jan 24 2014. Initially he was given medrox patches and fluribprofen. He was noted on exam to have paraspinal spasms and tenderness and neurologic findings which included loss of touch sensation. He was diagnosed with cervical disc herniation and bilateral upper extremity radiculopathy as well as L4-5 and L5-S1 stenosis with disc herniation. He was referred for surgical intervention. In addition, he was recommended to have medications: robaxin, celebrex, norco, tramadol. He was also recommended to have a TENS unit. The patient had an epidural steroid injection at L4-5 on the right performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG BILATERAL UPPER EXTREMITIES:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Online Edition- Chapter, Low Back-Lumbar & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 177, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation  
(ODG) Official Disability Guidelines

**Decision rationale:** Per MTUS, 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. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The patient had ongoing pain issues despite a variety of interventions. There were some abnormal findings on neurologic assessment when the patient had persistent symptoms. Therefore, the request is medically necessary and appropriate.