

<b>Case Number:</b>	CM13-0024220		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/04/1993
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 patient is a 63-year-old female who had an injury to her cervical spine on May 4, 1993. There is a clinical note on July 18, 2013 requesting nerve conduction study of the bilateral upper extremities. In that note, the patient complains of neck pain radiating down the left arm, numbness, tingling, and weakness. The patient also states she has recently been dropping objects with her hand and has increased weakness and tremors of the left hand. She has spasms on the left side of her neck. She has been taking Vicodin, Soma, and Lyrica which she reports has helped her pain. She complains of coldness in her hands. Physical exam shows tenderness to palpation of the cervical spine, decreased range of motion the cervical spine, negative Spurling's test, and decreased skin temperature of the bilateral hands compared to the proximal upper arms. There was some cyanosis noted. Neurological exam included a negative sensory exam, decreased handgrip strength, and decreased but symmetrical deep tendon reflexes. There is no documentation of a previous study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS of the left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Special Studies and Diagnostic and Treatment Considerations..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172, 178.

**Decision rationale:** CA MTUS in the neck and upper back chapter states that, when the neurological examination is less clear, further physiological evidence of nerve dysfunction can be obtained by EMG and nerve conduction velocity testing. Table 8 - 4 also states that specific motor, sensory and reflex changes can indicate cervical nerve root compression with radiculopathy. This patient has decreased motor and decreased reflexes. She has had these symptoms for greater than 3 to 4 weeks. Therefore, as per ACOEM guidelines, the request for NCS is medically necessary.

**NCS right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Special Studies and Diagnostic and Treatment Considerations..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172, 178.

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