

<b>Case Number:</b>	CM13-0026112		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	01/21/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 53 year old female with a date of injury of 1/21/2012. She has chronic neck and shoulder pain as part of her claim. She had Magnetic resonance imaging (MRI) of the cervical spine performed on 4/25/12 which demonstrated diffuse posterior disc osteophyte complexes causing moderate neuroforaminal narrowing on the left at C5-6 and C6-7 with milder right narrowing at C6-7. An Agreed Medical Evaluation was performed on August 10, 2013. On physical examination, the cervical spine region is tender to palpation. Neurologic examination revealed hyperesthesia of the right arm medially and laterally, right forearm all the reporter, left forearm radial worker, and right-hand medially and laterally. This was in a non-dermatomal fashion. Motor examination was normal for the right and left upper extremities and almost groups tested were rated five out of five. There is documentation that the cervical spine Magnetic resonance imaging (MRI) on April 25, 2012 demonstrated "diffuse posterior disc osteophyte with moderate neuroforaminal narrowing on the left at C5-6 and C6-7." A utilization review report dated 9/6/2013 documented a conversation with the requesting provider. This conversation stated that [REDACTED] states that "she has a lot of subjective complaints with no objective findings." Therefore the bilateral Electromyogram (EMG) and Nerve Conduction Studies was recommended for non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG) and Nerve Conduction Studies for bilateral upper extremities:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** With regard to Electromyogram (EMG) and Nerve Conduction Studies of the upper extremities, Section Â§ 9792.23.1 Neck and Upper Back Complaints of the California Code of Regulations, Title 8, page 4 states the following: "The Administrative Director adopts and incorporates by reference the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) into the California Medical Treatment Utilization Schedule (MTUS) from the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines." Furthermore, Section Â§ 9792. 23.4 Forearm, Wrist, and Hand Complaints of California Code of Regulations, Title 8, page 5 states the following: "The Administrative Director adopts and incorporates by reference the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) into the California Medical Treatment Utilization Schedule (MTUS) from the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines." American College of Occupational and Environmental Medicine (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 Hoffmann -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." The American College of Occupational and Environmental Medicine (ACOEM) Guidelines on pages 271-273 includes Table 11-7 entitled "Summary of Recommendations and Evidence." With regard to detection of neurologic abnormalities, there is a recommendation of nerve conduction studies for median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment. There is recommendation against "routine use of nerve conduction velocities (NCV) or Electromyogram (EMG) in diagnostic evaluation of nerve entrapment or screening in patients without symptoms(D)." In the case of this injured worker, the request for Electromyogram (EMG) in August 2013 was accompanied by a note which demonstrated very few objective findings. Furthermore, the utilization reviewer reported that a conversation with [REDACTED] revealed that there were no objective findings of radiculopathy. However, a review of all submitted medi