

<b>Case Number:</b>	CM13-0027916		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 underlying date of injury in this case is 04/08/2013. The primary treating diagnosis is 723.4, or brachial radiculitis. The initial mechanism of injury in this case is cumulative/repetitive trauma. The patient has been treated conservatively including physical therapy for neck pain radiating to the right arm with associated numbness and tingling. A prior physician review notes that other than 4-5 right deltoid weakness, the patient has been noted to have normal upper extremity strength. The patient also was noted to have right sensory loss in the C6 and C7 dermatomes. The initial physician review recommended MRI imaging of the cervical and lumbar spine to rule out a radiculopathy and noted that since the MRI was indicated, electrodiagnostic studies were not indicated because there was not additional evidence of superimposed peripheral neuropathy. Treating physician notes 08/05/2013 note the patient's right C6 and C7 sensory symptoms with the diagnosis of a thoracic sprain and cervical and lumbosacral radiculopathy and the treatment plan for cervical and lumbar MRI imaging as well as electrodiagnostic studies of the bilateral upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG - bilateral lower and upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The ACOEM guidelines, chapter 8, neck, page 178, state, "Unequivocal findings that identify specific neural compromise on the neurological exam are sufficient to warrant imaging studies if symptoms persist...When a neurological exam is less clear, however, further physiological evidence of nerve dysfunction can be obtained before ordering an EMG study." Similar guidelines can be found with lower extremity electrodiagnostic studies in the ACOEM guidelines, chapter 12, regarding the low back, page 303. In this case, the patient does have neurological deficits suggestive of C6 and/or C7 radiculopathy. Cervical and lumbar spinal imaging have been previously certified. The medical records and guidelines do not provide a rationale to simultaneously support electrodiagnostic studies unless there is a specific differential diagnosis to explore which would require only electrodiagnostic studies and not MRI imaging. The medical records and guidelines at this time do not support this request. This request is not medically necessary.

**NCV - bilateral lower and upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The ACOEM guidelines, chapter 8, neck, page 178, state, "Unequivocal findings that identify specific neural compromise on the neurological exam are sufficient to warrant imaging studies if symptoms persist...When a neurological exam is less clear, however, further physiological evidence of nerve dysfunction can be obtained before ordering an EMG study." Similar guidelines can be found with lower extremity electrodiagnostic studies in the ACOEM guidelines, chapter 12, regarding the low back, page 303. In this case, the patient does have neurological deficits suggestive of C6 and/or C7 radiculopathy. Cervical and lumbar spinal imaging have been previously certified. The medical records and guidelines do not provide a rationale to simultaneously support electrodiagnostic studies unless there is a specific differential diagnosis to explore which would require only electrodiagnostic studies and not MRI imaging. The medical records and guidelines at this time do not support this request. This request is not medically necessary.