

<b>Case Number:</b>	CM13-0028163		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/09/1998
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/17/2013
<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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 sixty one year old female who was injured on 10/09/1998. The specific mechanism of injury on that date was not stated in the records; however, she had a cumulative list of injuries dating from 1996 through 2000. The patient's current diagnoses are cervical strain with radiculitis complaints and bilateral carpal tunnel syndrome which is secondary to crutch/cane/walker use. The patient also has a history of significant bilateral thumb CMC arthroplasty and has utilized medications, work restrictions, rest, DME, assistive devices for ambulation, weight loss programs, HEP, and aqua therapy for treatment modalities. According to her most recent documentation dated 11/11/2013, a review of records included a plain view x-ray of the cervical spine which noted mild to moderate disc space narrowing at C5-6, C6-7, and C7-T1. The patient experienced pain in her neck, back, and bilateral wrists, stating that the pain radiates to her bilateral lower extremities. She also stated that the pain in her neck radiates to her bilateral upper extremities. Current diagnoses for the patient include cervical spine degenerative disc disease at C5 through T1 per plain view x-ray dated 11/04/2003, acute bilateral C5-6 cervical radiculopathy per EMG/NCV dated 10/09/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography and Nerve Conduction Velocity studies of the bilateral upper extremities between 9/11/2013 and 10/26/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179, 258-262.

**Decision rationale:** Under California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines, it states that electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. It further states that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies, or in more difficult cases, Electromyography may be helpful. Electromyography and Nerve Conduction Velocity studies may confirm the diagnosis of carpal tunnel syndrome but may be normal in early or mild cases of carpal tunnel syndrome. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. The documentation dated 09/09/2013 stated the patient was presenting with neck pain radiating to the upper back and upper extremities associated with numbness and tingling sensation. The patient also had bilateral wrist pain associated with numbness and tingling sensation. Because there was decreased sensation noted on the median nerve distribution and a positive Tinel's and equivocal Phalen's tests as noted on the documentation dated 09/09/2013, the patient was suggestive of having right carpal tunnel syndrome. However, there is nothing in the documentation providing information regarding the left upper extremity that would suggest the patient has radiculopathy or left carpal tunnel syndrome. Therefore, although the patient meets guideline criteria for a right sided EMG/NCV, the request cannot be considered medically necessary on the basis of the left upper extremity. Therefore, the requested service for 1 electromyography and nerve conduction velocity studies of the bilateral upper extremities between 09/11/2013 and 10/26/2013 is non-certified.