

<b>Case Number:</b>	CM13-0030470		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 & 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 patient is a 29-year-old male who reported an injury on 01/17/2013. The patient is currently diagnosed with cervical discogenic disease, lumbar discogenic disease, and right shoulder SLAP tear versus rotator cuff/right shoulder impingement. The patient was recently seen on 11/04/2013. The patient reported persistent neck pain rated 5/10. Physical examination revealed severe spasm of trapezius muscles bilaterally, decreased range of motion, radiation into the shoulder, as well as radiation to the head. Treatment recommendations included physical therapy twice per week for 3 weeks. The patient was also awaiting upper extremity nerve conduction studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG, Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electromyography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition (2004), pages 177-179. The Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electromyography

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 weeks or 4 weeks. As per the clinical notes submitted, the patient's latest physical examination revealed diminished range of motion, severe spasm bilaterally, and diminished sensation in the L3, L4 and L5 nerve root distribution. There was no documentation of a neurological deficit with regard to either of the upper extremities that would warrant the need for electro diagnostic testing. There is also no evidence of a failure to respond to previous conservative treatment prior to the request for an electro diagnostic report. Based on the clinical information received, the request is non-certified.

**NCS, Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electromyography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Nerve conduction studies (NCS)

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 weeks or 4 weeks. As per the clinical notes submitted, the patient's latest physical examination revealed diminished range of motion, severe spasm bilaterally, and diminished sensation in the L3, L4, and L5 nerve root distribution. There was no documentation of a neurological deficit with regard to either of the upper extremities that would warrant the need for electro diagnostic testing. There is also no evidence of a failure to respond to previous conservative treatment prior to the request for an electro diagnostic report. Based on the clinical information received, the request is non-certified.

**NCS, Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electromyography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Nerve conduction studies (NCS)

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 weeks or 4 weeks. As per the clinical notes submitted, the patient's latest physical examination revealed diminished range of motion, severe spasm bilaterally, and diminished sensation in the L3, L4 and L5 nerve root

distribution. There was no documentation of a neurological deficit with regard to either of the upper extremities that would warrant the need for electro diagnostic testing. There is also no evidence of a failure to respond to previous conservative treatment prior to the request for an electro diagnostic report. Based on the clinical information received, the request is non-certified.

**EMG, Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electromyography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Nerve conduction studies (NCS)

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 weeks or 4 weeks. As per the clinical notes submitted, the patient's latest physical examination revealed diminished range of motion, severe spasm bilaterally, and diminished sensation in the L3, L4 and L5 nerve root distribution. There was no documentation of a neurological deficit with regard to either of the upper extremities that would warrant the need for electro diagnostic testing. There is also no evidence of a failure to respond to previous conservative treatment prior to the request for an electro diagnostic report. Based on the clinical information received, the request is non-certified.