

<b>Case Number:</b>	CM13-0035417		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 expert 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 34-year-old female who reported an injury on 10/19/2012. The mechanism of injury was not stated. Current diagnoses include lumbar spine sprain/strain and right wrist sprain. The injured worker was evaluated on 10/08/2013. The injured worker reported persistent pain in the lumbar spine and right wrist, rated 7/10. Physical examination revealed tenderness to palpation of the lumbar spine with decreased range of motion, tenderness to palpation of the right wrist, decreased range of motion, and decreased sensation. X-rays obtained in the office on that date indicated positive disc bulge at L5. The injured worker also demonstrated positive Tinel's and Phalen's testing on the right, with positive Kemp's testing and straight leg raises bilaterally. Treatment recommendations included electrodiagnostic studies of bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT EMG ( ELECTROMYOGRAPHY ) FOR THE LEFT UPPER EXTREMITY**  
**URGENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 271-273.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker reported persistent pain in the right wrist. Physical examination revealed tenderness to palpation, decreased range of motion, decreased sensation, and positive Tinel's and Phalen's testing on the right. There was no evidence of a significant musculoskeletal or neurological deficit with regard to the left upper extremity that would warrant the need for electrodiagnostic studies. There is also no mention of an attempt at conservative treatment prior to the request for an electrodiagnostic study. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically necessary.

**NCV ( NERVE CONDUCTION STUDIES ) FOR THE LEFT UPPER EXTREMITY.:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 271-273.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 177-179.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker reported persistent pain in the right wrist. Physical examination revealed tenderness to palpation, decreased range of motion, decreased sensation, and positive Tinel's and Phalen's testing on the right. There was no evidence of a significant musculoskeletal or neurological deficit with regard to the left upper extremity that would warrant the need for electrodiagnostic studies. There is also no mention of an attempt at conservative treatment prior to the request for an electrodiagnostic study. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically necessary.