MAXIMUS Federal Services

| Case Number: | CM13-0037361 | | |
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| Date Assigned: | 12/13/2013 | Date of Injury: | 09/20/2006 |
| Decision Date: | 02/04/2014 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 10/23/2013 |

## 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 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.

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year-old female Machine Operator sustained an injury on 9/20/06 while employed by [redacted]. Request under consideration include EMG and Nerve Conduction. Diagnoses include Brachial Neuritis or Radiculitis. Apparently she received conservative treatment and was returned to full duty and determined to be P&S by [redacted] in November 2007. The patient has chronic neck pain with radiation to the left upper extremity causing tingling in her fingers. Exam noted decreased range of motion, muscle spasms and evidence of radiculopathy. MRI revealed disc protrusions at C6-C7 without foraminal stenosis. The patient had previous EMG/NCV in the past indicating mild left median nerve compression at the wrist. Treatment was to repeat electrodiagnostic studies for further evaluation. Request was non-certified on 10/7/13, citing guidelines criteria and lack of medical necessity as the patient is not a candidate for surgery and her condition remains unchanged. It was unclear how repeating the EMG/NCV studies would help in developing a further treatment strategy for the patient. AME report dated 5/2/12 from [redacted], orthopedist, noted diagnoses of cervical spine strain; Left shoulder strain; chronic mild left wrist strain; possible carpal tunnel syndrome and ulnar nerve compression right wrist. [redacted] noted the patient does not need further medical treatment on an industrial basis. He noted the patient has now suffered subsequent injury to her right upper extremity specifically her right wrist and hand occurred on a non-industrial bases with subsequent injury following termination of her employment in the year 2007. She had developed problems with ulnar nerve compression at the right elbow and right wrist and should seek treatment in this regard if her symptoms should become more intolerable on a non-industrial basis. There is no indication for additional treatment for her cervical spine and left upper extremity as she has improv

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG and Nerve Conduction:** 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:** This 57 year-old female Machine Operator sustained an injury on 9/20/06 while employed by [redacted]. Request under consideration include EMG and Nerve Conduction. Diagnoses include Brachial Neuritis or Radiculitis. Apparently she received conservative treatment and was returned to full duty and determined to be P&S by [redacted] in November 2007. The patient has chronic neck pain with radiation to the left upper extremity causing tingling in her fingers. Exam noted decreased range of motion, muscle spasms and evidence of radiculopathy. MRI revealed disc protrusions at C6-C7 without foraminal stenosis. The patient had previous EMG/NCV in the past indicating mild left median nerve compression at the wrist. AME report dated 5/2/12 from [redacted], orthopedist, noted diagnoses of cervical spine strain; Left shoulder strain; chronic mild left wrist strain; possible carpal tunnel syndrome and ulnar nerve compression right wrist. [redacted] noted the patient does not need further medical treatment on an industrial basis. He noted the patient has now suffered subsequent injury to her right upper extremity specifically her right wrist and hand occurred on a non-industrial bases with subsequent injury following termination of her employment in the year 2007. She had developed problems with ulnar nerve compression at the right elbow and right wrist and should seek treatment in this regard if her symptoms should become more intolerable on a non-industrial basis. There is no indication for additional treatment for her cervical spine and left upper extremity as she has improved and is now quite normal. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain, muscle spasms and decreased range of motion without specific myotomal or dermatomal correlation to support for repeating the electrodiagnostics. Submitted reports have not demonstrated clear neurological deficits to support for the diagnostic study. The EMG and Nerve Conduction are not medically necessary and appropriate.