

<b>Case Number:</b>	CM13-0040743		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Neuromuscular 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 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 33-year-old female who sustained a work-related injury on April 5, 2010. Subsequently, she developed pain in the cervical spine pain, bilateral shoulders, and the right wrist. Her physical examination showed Phalen's tests, Tinel's tests, and reduced sensation in the territory of the median nerve bilaterally. Her EMG on February 23, 2012 demonstrated bilateral carpal tunnel syndrome and bilateral chronic C5-C6 radiculopathy. She was diagnosed with cervical musculoligamentous strain, cervical disc disease, carpal tunnel syndrome, and left shoulder strain. Her provider requested authorization for MRI of cervical spine and EMG/NCV of upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A REPEAT MRI OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the MTUS guidelines, an MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect, as well as a failure of therapy trials. There is no clinical evidence of anatomical defect or nerve compromise in this case. There is no documentation of clinical progression of the patient's symptoms. Therefore, the request for an MRI of cervical spine is not medically necessary.

**REPEAT EMG/NCV OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 178, 269.

**Decision rationale:** According to the MTUS guidelines, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion. According to the MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiological insult and anatomical defect in case of neck pain and back pain. In addition and according to MTUS guidelines, EMG/NCV testing has a low ability to identify wrist and forearm pathology except for carpal tunnel syndrome. In this case, the patient does not have clear evidence of carpal tunnel syndrome from his clinical symptoms and previous EMG. There is no change or progression of his symptoms. Therefore, the requested EMG/NCV of the bilateral upper extremities is not medically necessary or appropriate.