

<b>Case Number:</b>	CM13-0041688		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	10/11/2013
<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 Occupational 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 an employee and has submitted a claim for low back pain with an industrial injury date of September 21, 2011. Treatment to date has included medications, physical therapy, and home exercises. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of neck pain radiating in to the right upper extremity to the hand, 7-8/10 on VAS but denied any left upper extremity symptoms. On physical examination, there was tenderness over the paracervical musculature bilaterally, right greater than the left. There was no evidence of loss of range of motion and Spurling's test was negative bilaterally. There was progressive decrease in grip strength for the right hand. There were no sensorimotor deficits noted on both upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EMG OF THE RIGHT UPPER EXTREMITY, RULE OUT: RADICULOPATHY:**

Overtuned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG, Neck And Upper Back Chapter, Electromyography (EMG) And Nerve Conduction Studies, (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** The ACOEM Practice Guidelines state that an EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient has been complaining of radicular symptoms of the right upper extremity not relieved by medications and therapy. Physical exam demonstrated progressive decrease in grip strength for the right hand. Given the persistence of symptoms and progressive findings, the requested EMG is medically necessary.

**NCS OF THE RIGHT UPPER EXTREMITY, RULE OUT: RADICULOPATHY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG, Neck And Upper Back Chapter, Electromyography (EMG) And Nerve Conduction Studies, (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck And Upper Back Chapter, Nerve Conduction Studies (NCS).

**Decision rationale:** The California MTUS does not specifically address nerve conduction studies (NCS); however, the Official Disability Guidelines state that NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly radiculopathy. In this case, the concurrent request for EMG has been deemed medically necessary. The appropriateness of an NCS will be determined by the results of the EMG. Therefore, the requested NCS is not medically necessary at this time.