Case Number:	CM13-0044679		
Date Assigned:	03/03/2014	**Date of Injury:**	08/01/2009
Decision Date:	05/23/2014	**UR Denial Date:**	10/28/2013
Priority:	Standard	**Application Received:**	10/31/2013

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 Geriatrics and is licensed to practice in New York.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 injured worker is a woman with a date of injury of 8/1/09. She was seen by her primary care physician on 10/3/13 complaining of pain in her cervical spine, lumbar spine, bilateral wrists and hands. She has a history of carpal tunnel release on the right. Her physical exam showed limited range of motion of the cervical and lumbar spine and tenderness and hypertonicity over her trapezius and paravertebral muscles bilaterally. Spurling's test was positive bilaterally and a cervical compression test was positive. Her deep tendon reflexes were equal and 2+. Kemp's test was positive bilaterally. She had normal range of motion of her wrists with positive Phalen's and Tinel's tests. She had decreased sensation in the median nerve distribution and healed carpal incisions on the right wrist. Her diagnoses were chronic cervical strain-rule out disc herniation, chronic lumbar strain-rule out disc herniation and bilateral wrist pain and numbness, rule out tunnel syndrome. She has had prior imaging including CT of lumbar spine, MRI and EMG/NCS. Repeat EMG/NCS of her upper extremities was recommended and are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Left Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 165-193, 253-273. Decision based on Non-MTUS Citation MTUS: ACOEM, 8,11, 165-193, 253-273

Decision rationale: 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). This injured worker has already had prior EMG/NCS and MRI/CT scan to identify structural abnormalities. The records do not support the medical necessity for an EMG/NCV of the left upper extremity.

EMG/NCV of the right upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 165-193, 253-273.

Decision rationale: 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). This injured worker has already had prior EMG/NCS and MRI/CT scan to identify structural abnormalities. The records do not support the medical necessity for an EMG/NCV of the right upper extremity.