

<b>Case Number:</b>	CM13-0054612		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

██████████ is a 43-year-old woman who sustained a work-related injury on June 24, 2013. Subsequently she developed neck pain, thoracic pain headache and radiculitis. She was also diagnosed with carpal tunnel syndrome and possible rotator cuff tear. Her physical examination demonstrated no motor or sensory deficits. The provider requested authorization for EMG of both upper extremities and for manual therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EMG CERVICAL SPINE AND UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Electrodiagnostic studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, Chronic Pain Treatment Guidelines.

**Decision rationale:** According to MTUS guidelines (page 303 from ACOEM 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 ( page 304

from ACOEM Practice guidelines). According to Chronic Pain Medical Treatment Guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, 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 (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain and back pain (page 179). In addition and according to MTUS guidelines, table 11.6, EMG/NCV testing have low ability to identify wrist and forearm pathology except for carpal tunnel syndrome. The patient does not have a clear evidence of carpal tunnel syndrome or radiculopathy. Therefore, the request for Electromyography (EMG) of Bilateral Upper Extremities is not medically necessary.

**NCV CERVICAL SPINE AND UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Electrodiagnostic studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FOREARM, WRIST, AND HAND COMPLAINTS, 269.

**Decision rationale:** According to (page 303 from ACOEM 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 (page 304 from ACOEM guidelines). According to Chronic Pain Medical Treatment Guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, 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 (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain and back pain (page 179). In addition and according to Chronic Pain Medical Treatment guidelines, table 11.6, EMG/NCV testing have low ability to identify wrist and forearm pathology except for carpal tunnel syndrome. The patient does not have a clear evidence of carpal tunnel syndrome or radiculopathy. Therefore, the request for Electromyography (EMG) of Bilateral Upper Extremities is not medically necessary.

**8 SESSIONS OF CHIROPRACTIC CARE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, manual therapy, recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There is no documentation of objective findings that support that there is musculoskeletal dysfunction that requires prolonged manual therapy. A trial of up to 6 visits is reasonable to assess the efficacy of manual therapy. More visits could be recommended in case of efficacy. Therefore Chiropractic treatments for 8 sessions are not medically necessary.