

Case Number:	CM13-0059764		
Date Assigned:	12/30/2013	Date of Injury:	07/03/2012
Decision Date:	05/15/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 34-year-old female who reported an injury continuously from 02/12/2012 through 07/03/2012. The mechanism of injury was not specifically stated. The initial evaluation dated 09/17/2013 indicated the injured worker's chief complaints included neck pain, left upper extremity numbness/weakness, low back pain with right leg radiation, depression, sleep disorder, and weight loss. The patient had complaints of frequent headaches. The injured worker reported continuous pain in the neck with pain radiating into both shoulders, right greater than left. She rated her pain at 7/10. The injured worker reported continuous pain in the low back pain with pain radiating primarily down the right buttock and leg. On examination of the cervical spine, there was tenderness to the paracervical bilaterally in the right scalene. The axial head compression was positive on the right. Spurling's sign and facet tenderness was negative. Range of motion of the cervical spine was lateral rotation 60 degrees bilaterally, lateral flexion was 20 degrees bilaterally, extension was 30 degrees, and flexion was 60 degrees. On examination of the upper extremities, there was left elbow tenderness. On examination of the shoulders, the range of motion was within normal limits bilaterally. The impingement sign, supraspinatus test, O'Brien's test, anterior drawer, and Yergason's test were negative bilaterally. The Cozen's test and the elbow flexion test was negative bilaterally. The ulnar nerve compression test, cubital tunnel Tinel, and radial nerve compression test were negative on the right and positive on the left. The range of motion of the wrist was within normal limits. The grind test, Finkelstein's test, and medial nerve compression test were negative bilaterally. The wrist Tinel test was negative on the right and positive on the left. The sensory examination of the upper extremities was grossly intact to pinwheel in all dermatomes. The upper extremity motor testing was 5/5 throughout on the right and 4/5 throughout on the left. The upper extremity reflexes were 2+ throughout bilaterally. The Hoffmann reflex was negative bilaterally. The diagnostic

impression provided was pain disorder associated with psychological factors, left upper extremity entrapment neuropathy, cervical spine sprain/strain, right piriformis syndrome, and possible right lumbar radiculopathy. The physician noted the request for electrodiagnostic studies of the upper extremity with findings of left upper extremity entrapment and neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) AND NERVE CONDUCTION VELOCITY (NCV) TESTING OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Nerve Conductions Studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM states electromyography (EMG) and nerve conduction velocity (NCV), including H-reflex test may help identify subtle, focal neurological dysfunction in patients with neck and arm symptoms, or both, lasting more than 3 weeks. EMGs are recommended to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural injection. The records submitted for review indicated the sensory examination in the upper extremities was grossly intact to pinwheel in all dermatomes bilaterally. The upper extremity reflexes were 2+ bilaterally throughout. The upper extremity motor strength testing was 5/5 to the right upper extremity and 4/5 to the left upper extremity. The records submitted for review failed to include documentation of significant objective neurological deficits to the bilateral upper extremities such as decreased sensation, decreased reflex, and significant decreased motor strength. As such the EMG/NCV testing of the upper extremities is not medically necessary.