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| <b>Case Number:</b>   | CM13-0059956 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 04/19/2011 |
| <b>Decision Date:</b> | 10/22/2014   | <b>UR Denial Date:</b>       | 11/21/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical Records reflect the claimant is a 59 year old male who sustained a work injury on 11-21-13. A report dated 7-26-13 EMG/NCS of the upper extremities showed mild right median sensory nerve neuropathy, which is primarily demyelinating consistent with a mild right carpal tunnel syndrome. Follow-up visit on 9-10-13 notes the claimant has inability to grip or gasp with the left hand. He has diffuse swelling with some mottling in his skin and hypersensitivity to light palpation. Diagnosis: CRPS type 2, left upper extremity, status post left carpal tunnel release. The claimant as provided with medications. Office visit on 10-17-13 notes the claimant reported post carpal tunnel release he had improvement. There is a request for trial of cervical sympathetic block on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAPHY (EMG) 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pages 177-179

**Decision rationale:** ACOEM guidelines reflect that Needle EMG is recommended when a spine CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be an identifiable neurological compromise. This includes extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc. EMG is not recommended for claimants with subacute or chronic spine pain who do not have significant arm or leg pain, paresis or numbness. This claimant underwent an EMG/NCS of the upper extremities that showed right carpal tunnel syndrome. There is an absence in documentation noting why the claimant would need repeated study or how this would change current treatment. Therefore, the medical necessity of this request is not established.

**NERVE CONDUCTION VELOCITY (NCV) 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter - EMG

**Decision rationale:** ODG reflects that NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a claimant is already presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (Lin, 2013) While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. This claimant underwent an EMG/NCS of the upper extremities that showed right carpal tunnel syndrome. There is an absence in documentation noting why the claimant would need repeated study or how this would change current treatment. Therefore, the medical necessity of this request is not established.