

<b>Case Number:</b>	CM13-0059997		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/13/2013
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/31/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 a 54 year old male who was injured on 01/13/2013 while the patient was pushing a roll-trainer, slipped, fell to the side, and injured his neck. Medication treatment included muscle relaxants and narcotics. MRI of the cervical spine on 04/25/2013 showed C4-5 disc herniation with bilateral foraminal stenosis and right foraminal stenosis at C6-7. X-rays of the pelvis dated 01/13/2013 showed no radiographic evidence of fracture. CT of the chest/abdomen/pelvis on 01/14/2013 revealed no pneumothorax or pleural effusion. No mediastinal hematoma. No acute traumatic intra-abdominal or intrapelvic findings. CT scan of the cervical spine on 01/14/2013 showed no acute cervical fracture or dislocation. Clinic note dated 06/27/2013 documented the patient to have complaints of pain in the mid and lower thoracic region along with pain that radiated to the cervical spine. Objective findings on exam included an evaluation of the shoulders demonstrating a degree or provocative findings for the thoracic outlet and degree of cervical spasm. Neurological exam detailed normal tone with the periphery and deep tendon reflexes equal with no clear delineation as to changes involving sensation except for discussion of light touch being perceived as a pressure sensation over the right dorsal webspace bilateral middle digits and lateral hand. A follow up note dated 09/09/2013 indicates he presented with complaints of numbness and tingling in upper extremities. Objective findings were difficulty standing and stands with a forward head. Gross loss of ROM of motion with pain. Addison test was negative on the right hand side and left hand side, and muscle tightness of paraspinous musculature into the trapezius musculature. A follow up note dated 10/21/2013 indicates he presented with complaints of dizziness. Objective findings were stiffness about the cervical spine, holds his head in a forward position. Romberg test was negative. The Spurling test was positive.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic Treatment Considerations Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, EMG.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines and ODG state that an EMG is recommended for unequivocal findings that identify specific nerve compromise on the neurologic examination. This patient has MRI evidence of disc herniation at C4-5 with bilateral foraminal stenosis and right foraminal stenosis at C6-7. However, the provider's note dated 10/21/2013 indicates no documentation of abnormal neurological deficits such as decreased reflexes, sensory or motor deficits in upper extremities other than cervical spine stiffness and positive Spurling Test. A note dated 09/09/2013 also has no documentation of abnormal neurologic findings. Since there is lack of documentation of clinically unequivocal findings on examination, the request for an EMG of the bilateral upper extremity is not medical necessity and appropriate.

**Nerve conduction velocity (NCV):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic Treatment Considerations Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Nerve Conduction Studies.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines and ODG state that nerve conduction studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. According to the ODG, nerve conduction studies are recommended 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 patient is already presumed to have symptoms on the basis of radiculopathy. There is lack of documentation of neurological dysfunction on examination. Therefore, the requested NCV is not medically necessary and appropriate.