

<b>Case Number:</b>	CM13-0063034		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	05/18/1999
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Orthopedic Surgery and is licensed to practice in Arizona. 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 patient is a 64-year-old male who sustained an injury on 5/18/1999. There are no specifics about the injury. The patient apparently had an anterior discectomy and cervical fusion with subsequent failure of the fusion at C5-C6. The patient initially had pain in the neck radiating into the right shoulder; his pain level was 2/10. The patient had a syncopal episode and a minor motor vehicle accident in 2013 and after this his pain began to radiate into both upper extremities with paresthesias in his fourth and fifth digit. However, according to his December 12, 2013 follow up with pain management; his pain level still remains at 2/10. His neurological exam is essentially negative with normal muscle strength, no sensory loss, and normal reflexes. The motion of his cervical spine in flexion and extension is normal and does not change his symptoms. Rotation of the neck apparently causes his symptoms to alternate between his upper extremities. He does have some limitation on lateral flexion and rotation. MRI dated 11/4/11, reveals multiple level spinal stenosis from C2-C3 to C6-C7. Request is made for bilateral upper extremity electromyography (EMGs) because of the pain radiating into both upper arms and the paresthesias.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DECISION FOR EMG (ELECTROMYOGRAPHY) OF THE LEFT UPPER EXTREMITY:** 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 Page(s): 171-172 and 177-178.

**Decision rationale:** The MTUS guideline states that electromyography (EMG) and nerve conduction velocities may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. Paresthesias in the upper and/or lower extremities is a symptom of spinal stenosis. However, we already know the patient has spinal stenosis from previous MRIs. There are no other focal neurological findings. There are no red flags present. The neurological examination of the upper extremities is normal with normal sensation, motor strength, and reflexes. There is no documentation of problems with the lower extremities. There is no documentation of sphincter tone or abnormal reflexes in the lower extremity. All these would suggest severe neurological dysfunction if they were present. Therefore, without further documentation demonstrating focal neurological involvement or progression of neurological symptoms, the medical necessity of EMGs has not been established.

**DECISION FOR EMG (ELECTROMYOGRAPHY) OF THE RIGHT UPPER EXTREMITY:** 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 Page(s): 171-172 and 177-178.

**Decision rationale:** The MTUS guideline states that electromyography (EMG) and nerve conduction velocities may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. Again, there is no documentation that electromyography (EMGs) and nerve conduction studies will add anything to the diagnosis or treatment plan for this patient. Therefore the request for EMG is not medically necessary.