

Case Number:	CM13-0063657		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2013
Decision Date:	05/12/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/10/2013

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, has a subspecialty in Pain Management, 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 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:

This is a patient with a date of injury of 5/25/13. A utilization review determination dated 11/21/13 recommends non-certification of EMG/NCS BUE. 10/17/13 medical report identifies neck pain radiating to both shoulders with bilateral hand numbness. On exam, there is cervical spine tenderness, positive Spurling's test on the left, AC joint tenderness, slight decrease in sensation over the left C5 dermatome, and mild Tinel's on the right wrist. MRIs of the cervical and lumbar spine were also requested in addition to the electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY) FOR LEFT UPPER EXTREMITY/ CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition, Chapter: Neck and Upper Back, Electromyography (EMG), Nerve Conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178,182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography

Decision rationale: Regarding the request for EMG, CA MTUS and ACOEM cite that the electromyography and nerve conduction velocities 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. They also note that EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent is not recommended. Within the documentation available for review, there are some findings suspicious for radiculopathy, but the provider also concurrently recommended an MRI of the cervical spine, the results of which may obviate the need for additional diagnostic testing with EMG. In light of the above issues, the currently requested EMG is not medically necessary.

**NCS (NERVE CONDUCTION STUDIES) FOR RIGHT UPPER EXTREMITY /
CERVICAL SPINE: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Neck and Upper Back, Electromyography (EMG), Nerve Conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178,182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Nerve Conduction Studies

Decision rationale: Regarding the request for NCS, CA MTUS and ACOEM cite that the electromyography and nerve conduction velocities 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. ODG cites that there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are some findings suspicious for radiculopathy and they appear to be in the process of being worked up. There is no clear indication for NCS at this point as the patient's symptoms/findings do not appear to be highly suggestive of peripheral neuropathy rather than radicular in nature. In light of the above issues, the currently requested NCS is not medically necessary.

**NCS (NERVE CONDUCTION STUDIES) FOR LEFT UPPER EXTREMITY/
CERVICAL SPINE: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Neck and Upper Back, Electromyography (EMG), Nerve Conduction studies (NCS)

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Decision rationale: Regarding the request for NCS, CA MTUS and ACOEM cite that the electromyography and nerve conduction velocities 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. ODG cites that there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are some findings suspicious for radiculopathy and they appear to be in the process of being worked up. There is no clear indication for NCS at this point as the patient's symptoms/findings do not appear to be highly suggestive of peripheral neuropathy rather than radicular in nature. In light of the above issues, the currently requested NCS is not medically necessary.

EMG (ELECTROMYOGRAPHY) FOR RIGHT UPPER EXTREMITY/ CERVICAL SPINE: Upheld

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Decision rationale: Regarding the request for EMG, CA MTUS and ACOEM cite that the electromyography and nerve conduction velocities 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. They also note that EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent is not recommended. Within the documentation available for review, there are some findings suspicious for radiculopathy, but the provider also concurrently recommended an MRI of the cervical spine, the results of which may obviate the need for additional diagnostic testing with EMG. In light of the above issues, the currently requested EMG is not medically necessary.