Case Number:	CM14-0001547		
Date Assigned:	01/24/2014	**Date of Injury:**	10/01/2005
Decision Date:	06/13/2014	**UR Denial Date:**	12/04/2013
Priority:	Standard	**Application Received:**	01/06/2014

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 Neurology 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:

The injured worker reported an injury on 10/01/2005. The mechanism of injury was not stated. Current diagnoses include cervical radiculopathy, lumbosacral radiculopathy, and wrist tendonitis/bursitis. The injured worker was evaluated on 10/14/2013. The injured worker reported chronic pain in the cervical spine, lumbar spine, and wrist. The injured worker was actively participating in physical therapy for the right wrist. It is noted that the injured worker underwent a cervical spine MRI on 09/10/2013, which revealed a 1.8 mm disc protrusion at C5-6 with loss of cervical lordotic curvature. Physical examination on that date revealed decreased grip strength bilaterally, tenderness with spasm in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion and decreased sensation in the C6, C7, L5, and S1 dermatomal distributions bilaterally. Treatment recommendations included updated electrodiagnostic studies of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker does demonstrate decreased grip strength, decreased range of motion, and decreased sensation. However, there is no evidence of a worsening or progression of symptoms or physical examination findings that would warrant the need for repeat electrodiagnostic studies. There is no mention of an attempt at conservative treatment prior to the request for electrodiagnostic studies. Therefore, the request for electromyography (EMG) of bilateral upper extremities is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker does demonstrate decreased grip strength, decreased range of motion, and decreased sensation. However, there is no evidence of a worsening or progression of symptoms or physical examination findings that would warrant the need for repeat electrodiagnostic studies. There is no mention of an attempt at conservative treatment prior to the request for electrodiagnostic studies. Therefore, the request for nerve conduction velocity (NCV) of bilateral upper extremities is not medically necessary and appropriate.