

<b>Case Number:</b>	CM14-0007390		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Occupational Medicine 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:

The patient is a 34-year-old female who has submitted a claim for pain, numbness, and weakness of the left upper extremity, rule out cervical spine injury, rule out brachial plexus injury, rule out entrapment or compressive neuropathy associated with an industrial injury date of August 20, 2013. Medical records from 2013 were reviewed. The patient complained of chronic neck, left shoulder, left hand, lower back, and left hip pain. Left upper extremity pain was associated with numbness. Physical examination showed that the patient was not able to raise her left arm above shoulder level and mild weakness was noted on the left deltoid, biceps, brachioradialis muscles, and hand grip. Treatment to date has included ice/heat application, NSAIDs, and physical therapy. Utilization review from January 13, 2014 denied the request for NCV of bilateral upper extremities because the patient was not presented to have radiculopathy and lack of involvement of the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **NERVE CONDUCTION VELOCITY (NCV) LEFT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Nerve Conduction Studies (NCS).

**Decision rationale:** The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly radiculopathy. In this case, the patient presented with neck and left upper extremity pain with numbness, which may indicate radiculopathy. However, a comprehensive neurologic examination is not available to corroborate her symptoms. In addition, the UR decision of 1/13/14 modified the request for EMG/NCV of the bilateral upper extremities to approve only EMG of the LUE. Results of this study were not made available for review. Therefore, the request for Nerve Conduction Velocity (NCV) left upper extremity is not medically necessary.

**NERVE CONDUCTION VELOCITY (NCV) RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS).

**Decision rationale:** The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly radiculopathy. In this case, the patient presented with neck and left upper extremity pain with numbness. The patient's symptoms suggest the presence of radiculopathy at the left arm. However, there were no reports as to the status of the right upper extremity. In addition, the UR decision of 1/13/14 modified the request for EMG/NCV of the bilateral upper extremities to approve only EMG of the LUE. Results of this study were not made available for review. Therefore, the request for Nerve Conduction Velocity (NCV) right upper extremity is not medically necessary.