

<b>Case Number:</b>	CM14-0009021		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Orthopedic Surgery 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 36-year-old female correctional officer sustained an industrial injury on 3/15/13 when she was hit by a trailer while pulling temporary fencing, and the fencing caught her right inner arm and pulled her to the ground. The 7/25/13 cervical spine MRI impression documented right C4/5 posterior paramedian disc protrusion/extrusion, minimal C5/6 disc bulge, and left C6/7 posterior paramedian broad-based disc protrusion., There was minimal to mild canal encroachment and slight abutment of the cord at C4/5, with no cord compression or myelopathy. The patient underwent right shoulder arthroscopy with debridement of a rotator cuff tear and subacromial decompression on 9/24/13. The 11/22/13 initial treating physician report cited persistent grade 8/10 right shoulder pain and some neck pain with numbness and tingling down the right arm. Numbness and tingling intermittently goes down the left upper extremity. The patient reported she was doing well after surgery until therapy stopped. Cervical spine exam findings documented cervical tenderness, moderate loss of cervical flexion, positive Spurling's, decreased left C5-8 and right C6-8 dermatomal sensation, 4/5 bilateral brachioradialis weakness, and otherwise normal strength. Right shoulder exam findings documented mild loss of range of motion, normal strength, positive mild subacromial bursitis symptoms, and negative orthopedic testing. Bilateral hand and wrist exam findings included negative carpal tunnel signs, normal grip strength, and full range of motion. The diagnosis was status post right shoulder surgical intervention with mild residual subacromial bursitis, and cervical radiculopathy with C4/5, C5/6, and C6/7 discopathy. The treatment plan recommended chiropractic/physiotherapy for the neck and right shoulder 2x4, cervical spinal consultation, and bilateral upper extremity EMG/NCV to investigate the neurologic symptoms. The 12/30/13 utilization review denied the request for EMG/NCV of the bilateral upper extremities as the patient had not completed sufficient conservative treatment, including chiropractic/physiotherapy treatment to the neck and right shoulder currently

recommended. The 1/10/14 appeal letter stated that the patient had undergone 10 sessions of physical therapy for her neck and upper extremity radicular complaints prior to the initial exam documented on 11/22/13. Given the failure to respond to conservative care and abnormal clinical findings as per a prior MRI study, the request for Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral upper extremities is to evaluate for cervical radiculopathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ELECTROMYOGRAPHY AND NERVE CONDUCTION VELOCITY STUDIES OF THE BILATERAL UPPER EXTREMITIES: Overturned**

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

**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 and Upper Back, Nerve Conduction Studies (NCS).

**Decision rationale:** Under consideration is a request for electromyography (EMG) and nerve conduction velocity studies of the bilateral upper extremities. This request is to evaluate for cervical radiculopathy. The ACOEM guidelines indicate that Electromyography (EMG) is not recommended for diagnosis of nerve root involvement if findings or history, physical exam, and imaging study are consistent. EMG is recommended to clarify nerve root dysfunction in cases of suspected disc herniation pre-operatively or before epidural injection. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Guideline criteria have been met. This patient has positive imaging evidence of cervical disc pathology at multiple levels and findings of radiculopathy on clinical exam. The use of electrodiagnostic testing for the diagnosis of radiculopathy in this case is supported by guidelines in order to further localize the symptom generator/radiculopathy disc level(s). Therefore, this request for electromyography (EMG) and nerve conduction velocity studies of the bilateral upper extremities is medically necessary.