

<b>Case Number:</b>	CM14-0102431		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 55 year old with an injury date on 9/25/13. Patient complains of cervical pain per 4/29/14 report. The 1/30/14 report shows patient has ongoing discomfort in his periscapular and interscapular area. Based on the 4/29/14 progress report provided by [REDACTED] the diagnosis is pain cervical/neck. Most recent physical exam on 1/30/14 showed "patient ambulates without use of assistive devices. He demonstrates no new focal myotomal or dermatomal deficits appreciated on examination." [REDACTED] is requesting EMG/NCS BUE (bilateral upper extremities). The utilization review determination being challenged is dated 6/11/14 and denies request as cervical radiculopathy is suspected, but no definite level is cited or supported on imaging. [REDACTED] is the requesting provider, and he provided treatment reports from 1/3/14 to 4/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography)/NCS (nerve conduction study) BUE (bilateral upper extremities):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 8, 62-3. Decision based on Non-MTUS Citation (see Andersson GB, Coccharella L. American Medical Association Guides to the Evaluation of Permanent

Impairment. 5th edition Chicago, Illinois: American Medical Association Press; 2001, pages 382-383)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** A review of the medical records provided for review does not show any evidence of EMG/NCV of upper extremities being done in the past. Cervical X-rays showed spondylytic changes on C6-C7, C7-T1 levels per 1/30/14 report. In reference to specialized studies of the neck, the ACOEM Guidelines state that electromyography tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient presents with persistent neck pain and upper extremity radiation. The requested EMG/NCS BUE (bilateral upper extremities) appears reasonable for this type of condition. As such, the request is medically necessary and appropriate.