

<b>Case Number:</b>	CM14-0105009		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/16/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 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:

Medical records reflect the claimant is a 40 year old female who sustained a work injury on 12-16-12. Office visit on 3-14-14 notes the claimant has burning radicular neck pain and muscle spasms rated as 6-7/10. The claimant reports that the medications offered temporarily relief. On exam, the claimant had tenderness at the sub occipital region, spinal processes of the cervical region. Range of motion was decreased. Cervical distraction test was positive bilaterally. Sensation was intact. Strength was decreased.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for NCV bilateral upper extremities, DOS 03/14/14:** 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, Neck and Upper Back (updated 05/30/14), Nerve Conduction Studies; Official Disability Guidelines, Shoulder Chapter; Official Disability Guidelines, Carpal Tunnel Syndrome Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter - NCS

**Decision rationale:** ODG reflects that NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a claimant is already presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (Lin, 2013) While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. Medical Records reflect the claimant had decreased strength and positive distraction test. NCS is only recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. Medical records reflect a claimant with signs of radiculopathy by exam. Therefore, the medical necessity of this request is not established.