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| <b>Case Number:</b>   | CM14-0107587 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 01/22/2011 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 06/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/11/2014 |

### 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:

Patient is a 61 year-old male with date of injury 01/22/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/29/2014, lists subjective complaints as pain in the neck that radiated to the upper left extremity with numbness and tingling. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles and spasm. No sensory examination was documented. Diagnosis: 1. Back pain, lower 2. Upper/lower extremity/foot pain 3. Lumbosacral or thoracic neuritis or radiculitis 4. Left knee status post surgery 5. Cerviclagia and radiculopathy 6. Poor coping. Patient underwent back surgery (not specific) on 02/08/2013, and left knee surgery on 01/06/2012. Past treatments include home exercise program, acupuncture, and a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG in Upper Extremity Cervical Radiculopathy:** 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 (ODG) Neck & Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. Although the patient complains of neck pain with pain and tingling in the left arm, there is no physical exam indicating a radiculopathy is present. In particular, the sensory exam is absent. EMG studies of the upper extremities are not medically necessary.