

<b>Case Number:</b>	CM14-0110000		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/11/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and bilateral upper extremity pain reportedly associated with an industrial injury of January 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; reported diagnosis with a left-sided ganglion cyst; and the apparent imposition of permanent work restrictions through a Medical-legal Evaluation of March 26, 2014. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities. In an April 20, 2014 progress note, the applicant reported persistent complaints of neck pain radiating into the bilateral upper extremities. The attending provider interpreted the applicant's upper extremity complaints as a function of a cervical radiculopathy. It was stated that the applicant was pending cervical epidural steroid injection therapy. The applicant was status post shoulder surgery, it was noted. Cervical epidural steroid injection therapy at C5-C6 and C6-C7 was sought, along with electrodiagnostic testing of the bilateral upper extremities. The applicant was placed off work, on total temporary disability. On March 17, 2014, the applicant was again placed off work, on total temporary disability, while cervical epidural steroid injections were sought. In a Medical-legal Evaluation, dated March 26, 2014, permanent work restrictions were imposed. It was acknowledged that the applicant was not presently working with said limitations in place. Cervical MRI imaging of December 31, 2013 was reviewed and was notable for multilevel disk protrusions of uncertain clinical significance. There was no evidence of a large or focal disk herniation or high-grade spinal stenosis or neuroforaminal stenosis evident at any level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of Left Upper Extremity: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Electromyography (EMG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before planned epidural steroid injection therapy. In this case, the applicant has had prior cervical MRI imaging which was reportedly equivocal and failed to uncover any clear or concrete evidence of a large disk herniation, high-grade spinal stenosis, or high-grade neuroforaminal stenosis. Obtaining EMG testing to help definitively establish the presence or absence of a cervical radiculopathy is indicated, as the applicant is apparently considering epidural steroid injection therapy, it has been suggested on several occasions, referenced above. Therefore, the request is medically necessary.

**EMG of Right Upper Extremity: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Electromyography (EMG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before planned epidural steroid injection therapy. In this case, the applicant has had prior equivocal cervical MRI imaging, referenced above, which failed to uncover a clear source for the applicant's ongoing radicular complaints. Obtaining EMG testing to delineate the extent of the same is indicated; particularly in light of the fact, the applicant does appear intent on pursuing cervical epidural steroid injection therapy, as was suggested on several occasions, referenced above. Therefore, the request is medically necessary.

**NCV of Right Upper Extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 8, 178.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178, EMG and NCV testing can help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms, or both, which last greater than three to four weeks. In this case, the attending provider has indicated that the applicant has elements of a cervical radiculopathy and/or superimposed carpal tunnel syndrome. Obtaining NCV testing to help distinguish between the possible diagnoses is indicated. Therefore, the request is medically necessary.

**NCV of Left Upper Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178, EMG or NCV testing can help identify subtle, focal neurologic dysfunction in applicants with neck or arm complaints that persist greater than three to four weeks. In this case, the applicant has longstanding neck pain radiating into the bilateral upper extremities. The attending provider has voiced some suspicion of carpal tunnel syndrome and/or cervical radiculopathy here. Obtaining electro diagnostic testing, including the NCV at issue, can help to distinguish between some of the possible diagnostic considerations. Therefore, the request is medically necessary.