

<b>Case Number:</b>	CM14-0011370		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 neck and upper extremity pain associated with an industrial injury of August 30, 2013. Thus far, the applicant has been treated with analgesic medications, unspecified amounts of physical therapy, and transfer of care to and from various providers in various specialties. In an earlier note of August 30, 2013, largely templated, the applicant was described as carrying a diagnosis of diabetes mellitus and was reportedly using blood pressure medications, cholesterol medications, and insulin. In a report dated October 8, 2013, the applicant was placed off of work, on total temporary disability. The applicant had not worked since the date of injury. The applicant reported 7/10 neck pain and left shoulder pain. The applicant denied any radiation pain and denied any paresthesias or numbness on that date. Limited shoulder range of motion was noted. The applicant was again placed off of work. On December 13, 2013, the applicant again presented with ongoing issues with left arm numbness. The applicant has been asked to cease physical therapy. Signs of left upper extremity weakness were noted. Electrodiagnostic testing of the upper extremities was again sought. The applicant was given diagnoses of cervical spine strain versus disk herniation versus left shoulder impingement. MRI imaging and electrodiagnostic testing were again sought. The applicant was again placed off of work, on total temporary disability. The applicant's symptoms appeared to be confined to the left arm. On November 11, 2013, the applicant was described on a report as experiencing 7/10 neck pain with numbness and tingling about the bilateral hands. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (ELECTROMYOGRAPHY) LEFT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND. EDITION, 2004, ONLINE EDITION, CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS ), 178

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

**Decision rationale:** As noted in the ACOEM Chapter 8, Table 8-8, page 182, EMG testing is recommended to clarify a diagnosis of suspected nerve root dysfunction in applicants in whom a disk herniation is suspected. In this case, the applicant has failed to respond favorably to time, medication, and physical therapy. The applicant is off of work, on total temporary disability, and has transferred care to and from multiple providers in multiple specialties. Obtaining electrodiagnostic testing, including the EMG testing being sought here, is therefore indicated. As such, the request is medically necessary.

**NCV (NERVE CONDUCTION VELOCITY ) RIGHT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND. EDITION, 2004, ONLINE EDITION, CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS ), 178

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

**Decision rationale:** As noted in the ACOEM Guidelines in Chapter 8, Table 8-8, page 178, electrodiagnostic testing, including NCV testing, can help identify subtle focal neurologic dysfunction in applicants with neck or arm symptoms which last greater than three weeks. In this case, the applicant's symptoms have seemingly lasted for several months. The applicant is diabetic and is apparently on insulin, bringing into question a possible peripheral neuropathy. Electrodiagnostic testing, including the nerve conduction testing being sought here, is indicated to help delineate between a suspected cervical radiculopathy and a possible upper extremity diabetic neuropathy. As such, the request is medically necessary.

**NCV (NERVE CONDUCTION VELOCITY ) LEFT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND. EDITION, 2004, ONLINE EDITION, CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS ), 178

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

**Decision rationale:** As noted in the ACOEM Guidelines in Chapter 8, page 178, appropriate electrodiagnostic testing, including the NCV testing being sought here, can be employed to help identify subtle, focal neurologic dysfunction in applicants with neck or symptoms which last greater than three to four weeks. In this case, the applicant's symptoms have lasted for several months. The applicant is a known diabetic with suspected diabetic neuropathy versus cervical radiculopathy. Nerve conduction testing to help clarify the diagnosis is indicated. As such, the request is medically necessary.

**EMG (ELECTROMYOGRAPHY)RIGHT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND. EDITION, 2004, ONLINE EDITION, CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS ), 178

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

**Decision rationale:** The ACOEM guidelines in Chapter 8, Table 8-8, page 182 recommend EMG testing to help clarify diagnosis of nerve root dysfunction in applicants in cases of suspected disk herniation preoperatively. In this case, the applicant does have a possible cervical disk herniation/cervical radiculopathy versus diabetic peripheral neuropathy. Appropriate electrodiagnostic testing, including the EMG sought here, can help to clarify the applicant's diagnosis. As such, the request is medically necessary.