

<b>Case Number:</b>	CM14-0110504		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/20/2014
<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 Family Practice 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:

This is a 37 yr. old female claimant that sustained a work injury 3/1/13 that involved the shoulders, neck, back and lower extremities. She was diagnosed with cervical/lumbar sprain, bilateral shoulder derangement, and ankle sprain. A progress note on 4/22/14 indicated the claimant had continued pain in the involved areas. There was numbness and tingling in bilateral upper extremities. Shoulder pain was exacerbated by gripping, grasping, and reaching, etc. The neck had reduced range of motion. The shoulders had impingement findings. There was diminished sensation in the C5-T1 dermatomes. The treating physician requested an EMG/NCV of both upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG, Right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182, 272.

**Decision rationale:** According to the MTUS guidelines, an EMG is not recommended for diagnosis of nerve root involvement if the exam and history are consistent. It may be used to clarify dysfunction prior to surgery. Surgery was not planned. An EMG is also not be used for routine evaluation of nerve entrapment. Based on the guidelines, the dysfunction is clear on exam and is not medically necessary to obtain an EMG of the right lower extremity.

**NCV, Right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve conduction studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182, 272.

**Decision rationale:** According to the MTUS guidelines, an NCV is not recommended for diagnosis of nerve root involvement if the exam and history are consistent. It may be used to clarify dysfunction prior to surgery. Surgery was not planned. An NCV is also not be used for routine evaluation of nerve entrapment. It may be used for median or ulnar nerve impingement at the wrist after failure of treatment. The request for an NCV was specified for issues at the wrist level. Based on the guidelines, the dysfunction is clear on exam and is not medically necessary to obtain an EMG of the right lower extremity.

**EMG, Left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182, 272.

**Decision rationale:** According to the MTUS guidelines, an EMG is not recommended for diagnosis of nerve root involvement if the exam and history are consistent. It may be used to clarify dysfunction prior to surgery. Surgery was not planned. An EMG is also not be used for routine evaluation of nerve entrapment. Based on the guidelines, the dysfunction is clear on exam and is not medically necessary to obtain an EMG of the left lower extremity.

**NCV, Left lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve conduction studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182, 272.

**Decision rationale:** According to the MTUS guidelines, an NCV is not recommended for diagnosis of nerve root involvement if the exam and history are consistent. It may be used to clarify dysfunction prior to surgery. Surgery was not planned. An NCV is also not be used for routine evaluation of nerve entrapment. It may be used for median or ulnar nerve impingement at the wrist after failure of treatment. The request for an NCV was specified for issues at the wrist level. Based on the guidelines, the dysfunction is clear on exam and is not medically necessary to obtain an EMG of the left lower extremity.