

<b>Case Number:</b>	CM14-0114692		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Nevada. 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 records presented for review indicate that the injured worker is a 49-year-old gentleman was reportedly injured on August 18, 2010. The mechanism of injury is listed as continuous lifting and buffing a car. The most recent progress note, dated July 11, 2014, indicates that there are ongoing complaints of upper back pain radiating to the upper extremities and lower back pain. There were also complaints of pain in the bilateral CMC joints. The physical examination demonstrated decreased range of motion of the lumbar spine and tenderness of the bilateral lumbar spine paraspinal muscles. Spasms and trigger points were noted. There was decreased sensation at the dorsal aspect of both feet and a positive bilateral straight leg raise test at 40. Neurological examination of the upper extremities revealed decreased sensation at the bilateral aspect of the following and the first two fingers. There was also a positive bilateral Spurling's sign. There was a negative Tinel's test of both wrists. Diagnostic imaging studies of the upper extremities dated November 22, 2010 were normal. Previous treatment includes chiropractic care, epidural steroid injections, and trigger point injections. A request had been made for EMG and NCV studies of the left and right upper extremities and was not certified in the pre-authorization process on July 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(EMG) Electromyogram of the left upper extremity.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. There is no documentation of a previous CT or MRI the cervical spine additionally a previous nerve conduction study of the upper extremities was performed and it is not stated that the injured employee symptoms have changed. Considering this, this request for EMG testing of the left upper extremity is not medically necessary.

**(EMG) Electromyogram of the right upper extremity.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. There is no documentation of a previous CT or MRI the cervical spine additionally a previous nerve conduction study of the upper extremities was performed and it is not stated that the injured employee symptoms have changed. Considering this, this request for EMG testing of the right upper extremity is not medically necessary.

**Nerve conduction study (NCV) of the left upper extremity.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. There is no documentation of a previous CT or MRI the cervical spine additionally a previous nerve conduction study of the upper extremities was performed and it is not stated that the injured employee symptoms have changed.

Considering this, this request for NCV testing of the left upper extremity is not medically necessary.

**Nerve conduction study (NCV) of the right upper extremity.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. There is no documentation of a previous CT or MRI the cervical spine additionally a previous nerve conduction study of the upper extremities was performed and it is not stated that the injured employee symptoms have changed. Considering this, this request for NCV testing of the right upper extremity is not medically necessary.