

<b>Case Number:</b>	CM14-0116044		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Medical records dated 6/23/14 indicated an injury to the cervical and lumbar spine, which occurred on 10/24/13. There was onset of pain in the neck and lumbar spine after the insured was knocked over and "trampled". There is reported pain in the right paracervical and trapezius muscles. There is intermittent numbness and tingling affecting the right hand, but no weakness was documented. There is also intermittent tingling and numbness in the right foot and subjective weakness of the right leg. Examination notes tenderness of the muscles of right trapezius and right rhomboids. There is decreased sensation in the right ventral aspect of the thumb and first two and half fingers. There is normal strength in the bilateral upper extremities. There was decreased strength in the right lower extremity and decreased reflexes at the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conductive Study of the Bilateral Upper Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, NCV.

**Decision rationale:** The medical records provided for review support physical exam findings that may be radicular or peripheral in etiology and for which NCV may guide diagnosis, treatment and prognosis. (ODG) states, "(NCV) is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by (EMG) and obvious clinical signs, but recommended if the (EMG) is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. The request for NCV of the Bilateral Upper Extremities is medically necessary.

**EMG of the Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, EMG.

**Decision rationale:** The medical records provided for review support physical exam findings that may be radicular or peripheral in etiology and for which EMG may guide diagnosis, treatment and prognosis. ODG states, "Indications when particularly helpful: (EMG) may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. The request for Electromyography of the Bilateral Upper Extremities is considered not medically necessary.