

<b>Case Number:</b>	CM14-0116162		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 57 year old female with chronic pain following a work related injury on 07/10/2013. The claimant was diagnosed with: cervicgia, low back, right knee and myofascial pain syndrome, chronic pain and long-term use of medications. On 7/10/2013, the claimant complained of pain in the cervical spine, right shoulder and right knee. Electromyogram (EMG) Nerve conduction velocity (NCV) tests on 5/6/2014 showed C5-6 radiculopathy. The claimant's medications include Naproxen, Zanafle, Glimepiride, Lisinopril, Metformin, and Pioglitazone. The claimant's physical exam showed a right side mid-strike antalgic gait, bilateral shoulder depression, inability to raise her arms from weakness. There is also tenderness in the Rhomboids, Trapezius and myofascial trigger points. The provider recommended limited needle EMG of bilateral upper extremities to evaluate for spinal accessory nerve lesion, and nerve conduction studies of bilateral upper extremities to evaluate for spinal accessory nerve lesion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram of the Right Upper Extremity .:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Extremity Complaints, Treatment Consideration.

**Decision rationale:** Electromyogram of the right upper extremity is not medically necessary. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause for neural or other soft tissue pain. Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The patient has chronic radiculitis confirmed by physical exam, and a previous EMG/NCV. There is no indication to repeat another study; therefore the request is not medically necessary.

**Nerve Conduction Studies of the Right Upper Extremity.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Nerve Conduction Studies of the Right Upper Extremity is not medically necessary. When the neurologic examination is not clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause for neural or other soft tissue pain. Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The patient has chronic radiculitis confirmed by physical exam, and a previous EMG/NCV. There is no indication to repeat another study; therefore the request is not medically necessary.