

<b>Case Number:</b>	CM14-0132551		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 38 year old male with complaints of neck pain and right upper extremity pain as well as low back pain. The date of injury is 2/21/13 and the mechanism of injury is fall injury into a ditch landing on the back which led to his current symptoms. At the time of request for the following: 1. Electromyography right upper extremity 2. Nerve Conduction Study right upper extremity 3. Nerve conduction study left upper extremity 4. Electromyography left upper extremity, there is subjective (neck pain, radiating right arm pain) and objective (restricted cervical range of motion flexion,extension, and bilateral lateral bending, decreased right C7,C8 dermatomal sensory findings) findings, imaging findings ( MRI lumbar and thoracic spine dated 5/13/13 show disc desiccation L5/S1 with disc protrusion, moderate neural foraminal stenosis left L5/S1, 2mm left paracentral posterior disc protrusion T4/5, 2mm central posterior disc protrusion T7/8, requests for cervical MRI), diagnoses (Lumbar radiculopathy, lumbar disc herniation L5/S1, thoracic disc herniations T4/5 and T7/8), and treatment to date ( medications, requests for epidural steroids L5/S1, over 20 visits of physical therapy, 14 visits of chiropractic treatment, 12 sessions of acupuncture). In regards to request for electrodiagnostic testing, recommendations are for EMG (and not NCV) in localizing the source of neurological symptoms caused by cervical focal nerve entrapments. Unfortunately, the documentation does not support any diagnoses related to cervical spine area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG), Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES: NECK & UPPER BACK, ELECTROMYOGRAPHY (EMG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)>, <Electrodiagnostic testing>.

**Decision rationale:** Per ODG, recommendations are for EMG (and not NCV) in localizing the source of neurological symptoms caused by cervical focal nerve entrapments. Unfortunately, the documentation does not support any diagnoses related to cervical spine area. Therefore, the requests for EMG/NCV testing are not medically necessary.

**Nerve Conduction study (NCS), Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES: NERVE CONDUCTION STUDIES (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)>, <Electrodiagnostic testing>.

**Decision rationale:** Per ODG, recommendations are for EMG (and not NCV) in localizing the source of neurological symptoms caused by cervical focal nerve entrapments. Unfortunately, the documentation does not support any diagnoses related to cervical spine area. Therefore, the requests for EMG/NCV testing are not medically necessary.

**Nerve Conduction study (NCS), Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES: NERVE CONDUCTION STUDIES (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)>, <Electrodiagnostic testing>.

**Decision rationale:** Per ODG, recommendations are for EMG (and not NCV) in localizing the source of neurological symptoms caused by cervical focal nerve entrapments. Unfortunately, the documentation does not support any diagnoses related to cervical spine area. Therefore, the requests for EMG/NCV testing are not medically necessary.

**Electromyography (EMG), Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES: NECK & UPPER BACK, ELECTROMYOGRAPHY (EMG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)>, <Electrodiagnostic testing>.

**Decision rationale:** Per ODG, recommendations are for EMG (and not NCV) in localizing the source of neurological symptoms caused by cervical focal nerve entrapments. Unfortunately, the documentation does not support any diagnoses related to cervical spine area. Therefore, the requests for EMG/NCV testing are not medically necessary.