

<b>Case Number:</b>	CM14-0136698		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Texas. 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 reflect the claimant is a 37 year old female who sustained a work injury on 12-16-13. An office visit on 6-12-14 notes the claimant reports pain in the cervical and lumbar area and at times radiates in the upper trapezius muscles, more so on the left hen the right. She reports tingling in the entire left upper extremity. On exam, the claimant had diffuse tenderness, guarding, and decreased range of motion of the cervical spine. The claimant had full range of motion of the upper extremities. DTR were 0 to 1+ bilaterally. Muscle strength was 5/5. There was decrease sensation in the C5-C6 compared to the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Velocity (NCV) Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper 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 and upper back chapter NCS

**Decision rationale:** The ODG reflects that NCS are 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. There is minimal justification for performing nerve conduction studies when a claimant is already presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (Lin, 2013) While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. There is an absence in objective documentation to support a suspicion of a nerve entrapment. Her complaints of entire arm tingling is not consistent with a nerve root entrapment. Additionally, she notes that the radiation is at times, which is not consistent with the natural history of a nerve root compression. Therefore, the medical necessity of this request is not established.

### **Electromyogram (EMG) Right Upper 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 (ODG) 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) Neck and upper back chapter EMG American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) electrodiagnostic testing

**Decision rationale:** ACOEM guidelines reflect that Needle EMG is recommended when a spine CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be an identifiable neurological compromise. This includes extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc. ODG reflects that while cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. There is an absence in objective documentation to support a suspicion of a nerve entrapment. Her complaints of entire arm tingling is not consistent with a nerve root entrapment. Additionally, she notes that the radiation is at times, which is not consistent with the natural history of a nerve root compression. Therefore, the medical necessity of this request is not established.