

<b>Case Number:</b>	CM14-0152083		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	07/14/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Anesthesiologist, 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:

The injured worker is a 57-year-old male who reported an injury on 07/14/2013 while stopping for lunch at [REDACTED] restaurant he went to the restroom and stated the floor was wet which caused him to slip and he hit his left elbow and shoulder against the door. Diagnoses were low back strain, neck pain/strain, left elbow contusion, resulting lateral epicondylitis. The injured worker had 2 injections to his left elbow in the past and 3 to his right elbow for similar problems, previous left shoulder strain, pre-existing, and multiple nonindustrial health issues. Past treatments were medications, chiropractic treatments, physical therapy, injections to the left elbow. Physical examination on 09/04/2013 revealed complaints of frequent and moderate pain. It was reported that physical therapy was no longer helping much. The injured worker had completed 10 or 11 of the 12 prescribed sessions. Head and neck movements were limited by pain. The injured worker complained of increased occipital headaches since last visit. Range of motion for the neck was slightly to moderately restricted by pain and tightness and tender and tight along the trapezii. The injured worker was tender over left paravertebral area of low back and in area of left SI joint. There was moderate tenderness over the lateral epicondyle of left elbow. This extended to adjacent forearm. Pain was exacerbated with movements of elbow. There was full range of motion at the elbow and wrist. No apparent neurological deficits. The rationale and request for authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction velocity (NCV) Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The decision for nerve conduction velocity (NCV) left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings and physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify a specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocity (NCV), including H reflex test, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. There were no red flag signs or symptoms reported. There were no neurological deficits reported in the examination. The document submitted for review was dated 09/04/2013. Updated pertinent information was not available. The clinical information submitted for review does not provide evidence to justify a nerve conduction velocity of the left upper extremity. Therefore, this request is not medically necessary.

**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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The decision for nerve conduction velocity (NCV) right upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings and physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify a specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocity (NCV), including H reflex test, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. There were no red flag signs or symptoms reported. There were no neurological deficits

reported in the examination. The document submitted for review was dated 09/04/2013. Updated pertinent information was not available. The clinical information submitted for review does not provide evidence to justify a nerve conduction velocity of the right upper extremity. Therefore, this request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The decision for electromyography (EMG) left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings and physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify a specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocity (NCV), including H reflex test, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. There were no red flag signs or symptoms reported. There were no neurological deficits reported in the examination. The document submitted for review was dated 09/04/2013. Updated pertinent information was not available. The clinical information submitted for review does not provide evidence to justify a Electromyography (EMG) Left Upper Extremity. Therefore, this request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The decision for electromyography (EMG) right upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings and physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify a specific nerve compromise

on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocity (NCV), including H reflex test, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. There were no red flag signs or symptoms reported. There were no neurological deficits reported in the examination. The document submitted for review was dated 09/04/2013. Updated pertinent information was not available. The clinical information submitted for review does not provide evidence to justify Electromyography (EMG) Right Upper Extremity. Therefore, this request is not medically necessary.