

<b>Case Number:</b>	CM14-0157814		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	10/12/2010
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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:

Patient is a 45 year-old female with date of injury 10/12/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/21/2014, lists subjective complaints as neck pain with radicular symptoms into the upper bilateral extremities. Objective findings: Examination of the cervical spine revealed painful and restricted range of motion with radiation of pain into the bilaterally upper extremities. Triggering of bilateral index, long fingers, and thumbs. Recurring numbness to the median nerve distribution. An MRI of the cervical spine performed on 02/14/2014, showed multilevel degeneration most significant at C4/5 with mild central canal narrowing and moderate left neural foraminal narrowing. Marrow signal was diffusely heterogeneous. Diagnosis: 1. Cervical strain/sprain 2. Bilateral shoulders, wrists and elbow synovitis. EMG/NCV studies conducted on 03/20/2014, revealed normal findings for the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** EMG/NCV studies conducted on 03/20/2014, revealed normal findings for the upper extremities. There's been little change in the patient's complaints or physical exam since 03/20/2014 to warrant repeat EMG studies. This request is not medically necessary.

**NCV LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

**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 (Acute & Chronic), Nerve conduction studies (NCS)

**Decision rationale:** The Official Disability Guidelines do not recommended repeat electrodiagnostic studies 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 patient is already presumed to have symptoms on the basis of radiculopathy. This request is not medically necessary.

**NCV RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

**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 (Acute & Chronic), Nerve conduction studies (NCS)

**Decision rationale:** The Official Disability Guidelines do not recommended repeat electrodiagnostic studies 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 patient is already presumed to have symptoms on the basis of radiculopathy. This request is not medically necessary.

**EMG RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** EMG/NCV studies conducted on 03/20/2014, revealed normal findings for the upper extremities. There's been little change in the patient's complaints or physical exam since 03/20/2014 to warrant repeat EMG studies. This request is not medically necessary.