

<b>Case Number:</b>	CM14-0022958		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Neurology 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:

The injured worker (IW) is a 52 year old female with a reported date of injury of 7/08/2010. The IW reports she was lifting mattresses at work and noticed pain in the neck and right upper extremity that developed after a couple of days. The physical exam is notable for right deltoid weakness (reported at a 4 to 4+ out of 5) in addition to brisk but symmetric reflexes in both the upper and lower extremities. The IW also demonstrates a positive Spurling's test and has reduced range of motion of the cervical spine. A cervical spine MRI from 12/15/2011 is reported to have moderate central canal stenosis at the C4-C5 levels and C5-C6 levels. There is also reported neural foraminal narrowing at the C4-C5 level on the left side. The IW has undergone three separate treatments with epidural steroid injections in the cervical spine in addition to physical therapy (25 sessions) and acupuncture. The IW continues to be treated with oral medications for pain including Norco, Neurontin, and Soma. The IW has already had two EMG/NCS of the upper extremities performed with the first on 12/6/2010 and a repeat study performed on 10/12/12. The repeat study revealed the IW has a mild carpal tunnel syndrome of the right arm; however, the EMG did not reveal any evidence of pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY (EMG) / NERVE CONDUCTION VELOCITY (NCV) OF THE RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** Although the ACOEM portion of the California MTUS (table 8-8) supports the use of EMG/NCS studies to clarify nerve root dysfunction in cases of suspected disk herniation, in this case it has already been performed on two separate occasions. The two previous EMG and Nerve conduction studies did not reveal any abnormality related to the cervical spine (only one study revealing mild carpal tunnel syndrome). There has been no change in the neurological exam that would warrant additional electro-diagnostic studies considering the previous two studies occurred after the date of the injury and were spaced two years apart. Therefore the request is not medically necessary.