

<b>Case Number:</b>	CM14-0023309		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Neurology, has a subspecialty in 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:

On 02/16/2014 injured worker presented with neck and low back pain with radiculopathy in the upper and lower extremities with numbness, tingling, and weakness. Examination reported decreased dermatomal sensation with pain in the bilateral C6 dermatomes and bilateral L5 dermatomes. Treating physician reports request for neurodiagnostic studies of the upper and lower extremities to guide AMA impairment rating. 3/20/14 progress note reported that the injured worker was performing her usual and customary work duties. It describes spasm, tenderness and guarding of the paravertebral muscles of the cervical and lumbar spine with decreased range of motion. There was decreased sensation in C6 and L5 dermatomes bilaterally. 5/22/14 note indicates pain in the neck and left shoulder with radiation of pain into the left arm. Dermatomal dysfunction over the C5 dermatome was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL UPPER EXTREMITY ELECTROMYOGRAM (EMG) TESTING:**

Overtaken

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

**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, Electromyography.

**Decision rationale:** The medical records provided for review indicate symptoms of weakness and tingling which correlates to motor and sensory symptoms with physical exam findings reporting sensory changes in a dermatomal pattern on the upper extremity. EMG is supported to guide prognosis and future treatment under ODG guidelines for the insured. The request is medically necessary.

**BILATERAL LOWER EXTREMITY ELECTROMYOGRAM (EMG) TESTING:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, electromyography.

**Decision rationale:** The medical records provided for review indicate symptoms of weakness and tingling which correlates to motor and sensory symptoms with physical exam findings reporting sensory changes in a dermatomal pattern on the lower extremity. EMG is supported to guide prognosis and future treatment under ODG guidelines for the insured. The request is medically necessary.

**BILATERAL UPPER EXTREMITY NERVE CONDUCTION VELOCITY (NCV) TESTING:** Overtured

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

**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, Electrodiagnostic studies.

**Decision rationale:** The medical records provided for review indicate symptoms of weakness and tingling which correlates to motor and sensory symptoms with physical exam findings reporting sensory changes in a dermatomal pattern on the bilateral upper extremity. NCV of the upper extremities is supported to guide prognosis and future treatment under ODG guidelines for the insured. The request is medically necessary.

**BILATERAL LOWER EXTREMITY NERVE CONDUCTION VELOCITY (NCV) TESTING:** Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, electrodiagnostic studies.

**Decision rationale:** The medical records provided for review indicate symptoms of weakness and tingling which correlates to motor and sensory symptoms with physical exam findings reporting sensory changes in a dermatomal pattern on the bilateral lower extremity. NCV of the lower extremities is supported to guide prognosis and future treatment under ODG guidelines for the insured. The request is medically necessary.