

<b>Case Number:</b>	CM14-0024788		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/06/2001
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 & Rehabilitation, has a subspecialty in Sports 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:

The injured worker is a 59 year old male who reported an injury on 06/06/2001. The nature and mechanism of the injury are unknown. The submitted documentation stated that "at some point" this worker underwent an anterior cervical discectomy and fusion at C6-7, which wasn't successful and required a repeat discectomy and fusion on 04/12/2005. A physician progress report dated 11/04/2013 reported this worker to be a well-developed, well-nourished man in no acute distress with a normal gait without any assisted device. He had 5/5 upper extremities and "neuro" intact. He presented with continuing neck pain. His diagnoses included cervalgia, cervical spondylosis and sprain lumbar region. On 01/27/2014, he presented with continued neck pain with numbness and tingling in the upper extremities involving the left forearm and extending into the hand, involving the C6 dermatome. There was no request for authorization found in this chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY OF BILATERAL UPPER EXTREMITIES:** 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, Procedure Summary, Electromyography.

**Decision rationale:** The request for electromyography of bilateral upper extremities is not medically necessary. This 59 year old worker reported an unknown injury on 06/06/2001. The submitted documentation is incomplete and does not contain results of a physical examination, which according to ACOEM guidelines should include general observations of the patient, including changes in position, stance and gait, a regional examination of the cervical spine, examination of the organ systems related to appropriate differential diagnosis possibilities, neurologic examination, cervical nerve root tension testing, pain behavior monitoring during range of motion and while seated as a clue to origin of the problem and head protrusion (lower cervical flexion) and retraction (lower cervical extension) positions and repeated movements to determine symptom response. The guidelines further recommend the importance of determining whether or not there is cervical nerve root compromise. There is mention of C6 dermatome involvement on the left side only. There is no notation of an MRI having been performed. There is no mention of dermatome involvement on the right side. ODG recommends needle, not surface electromyography, but cautions that a positive diagnosis of radiculopathy requires the identification of neurogenic abnormalities in two or more muscles that share the same nerve root innervation but differ in their peripheral nerve root supply. The type of electromyography was not specified and the physical findings are not comprehensive enough to warrant this type of study. Therefore, the request for electromyography of bilateral upper extremities is not medically necessary.

**NERVE CONDUCTION STUDIES OF BILATERAL UPPER EXTREMITIES:** 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, Procedure Summary, Nerve Conduction Studies.

**Decision rationale:** The request for nerve conduction studies of bilateral upper extremities is not medically necessary. This 59 year old worker reported an unknown injury on 06/06/2001. The submitted documentation is incomplete and does not contain results of a physical examination, which according to ACOEM guidelines should include general observations of the patient, including changes in position, stance and gait, a regional examination of the cervical spine, examination of the organ systems related to appropriate differential diagnosis possibilities, neurologic examination, cervical nerve root tension testing, pain behavior monitoring during range of motion and while seated as a clue to origin of the problem and head protrusion (lower cervical flexion) and retraction (lower cervical extension) positions and repeated movements to determine symptom response. The guidelines further recommend the importance of determining whether or not there is cervical nerve root compromise. There is mention of C6 dermatome involvement on the left side only in this worker's chart. There is no notation of an MRI having been performed. There is no mention of dermatome involvement on the right side. ODG does not

recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. The clinical signs are not clearly demonstrated in the submitted documentation. Therefore, the request for nerve conduction studies of bilateral upper extremities is not medically necessary.