

<b>Case Number:</b>	CM14-0026846		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/02/2001
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 employee is a 63-year-old female who reportedly sustained a work-related injury on February 2, 2001. The stated mechanism of injury was not mentioned in the medical records. The most recent note available for review was dated February 17, 2014, and the injured employee complained of neck pain radiating into the bilateral upper extremities. The physical examination on this date noted severe cervical spine muscle spasms and a positive Spurling's test. Diagnostic imaging noted a four millimeter disc herniation at the C3-C4 level. There were diagnoses of a cervical radiculopathy. Bilateral upper extremity electromyography and nerve conduction studies were recommended. A previous utilization management review did not certify the request for electromyography and nerve conduction studies of the bilateral upper extremities on February 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Neck and Upper Back Chapter Electromyography (EMG) and Nerve conduction studies (NCS).

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

**Decision rationale:** The most recent physical examination, dated February 17, 2014, is unclear and incomplete. There is no thorough neurological evaluation of the employee's bilateral upper extremities. Additionally the medical record does not state whether the injured employee failed to improve with conservative management such as physical therapy or a home exercise program. For these reasons, this request for electromyography and nerve conduction studies of the bilateral upper extremities are not medically necessary.

**NCV OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Neck and Upper Back Chapter Electromyography (EMG) and Nerve conduction studies (NCS).

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

**Decision rationale:** The most recent physical examination, dated February 17, 2014, is unclear and incomplete. There is no thorough neurological evaluation of the employee's bilateral upper extremities. Additionally, the medical record does not state whether the injured employee failed to improve with conservative management such as physical therapy or a home exercise program. For these reasons, this request for electromyography and nerve conduction studies of the bilateral upper extremities are not medically necessary.