

<b>Case Number:</b>	CM14-0032764		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/10/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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:

This patient is a 56 y/o female who developed persistent low back, right shoulder and hand discomfort on a cumulative basis 6/10/12. The treating physician has requested upper extremity electrodiagnostics to rule out a cervical radiculopathy. There is no exam of the cervical spine other than to document "limited motion". There is no details of a cervical neurological examination completed and no subjectives that fit a radicular pattern. The working diagnosis(s) after the initial evaluation does not include any cervical diagnosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF THE UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170,171,172.

**Decision rationale:** MTUS Guidelines do not recommend electrodiagnostic testing (EMG and/or NCV) without the presence of neurologic findings that are highly suggestive of a radiculopathy. The requesting physician does not document any upper extremity neurological exam or cervical exam findings that is suggestive of a radiculopathy. There are no unusual circumstances that

would justify an exception to the Guidelines. The requested electrodiagnostic testing (EMG and/or NCV) of the upper extremities is not medically necessary.

**NCS OF THE UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170,171,172.

**Decision rationale:** MTUS Guidelines do not recommend electrodiagnostic testing (EMG and/or NCV) without the presence of neurologic findings that are highly suggestive of a radiculopathy. The requesting physician does not document any upper extremity neurological exam or cervical exam findings that is suggestive of a radiculopathy. There are no unusual circumstances that would justify an exception to the Guidelines. The requested electrodiagnostic testing (EMG and/or NCV) of the upper extremities is not medically necessary.