

<b>Case Number:</b>	CM14-0034762		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/04/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 49 year old man who sustained a work related injury on May 14 2013. Subsequently, he developed chronic neck pain and left wrist pain as well as back pain. According to the note dated on January 13, 2014, the patient was complaining of neck pain and paresthasias in both arms. Physical examination demonstrated negative Spurling's test, neck pain aggravated by movements, preservation of range of motion of the left shoulder, and normal neurologic examination. His MRI of cervical spine performed on May 4, 2013 was negative for radiculopathy. The provider requested authorization for EMG nerve conduction study of both upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of Bilateral Upper Extremities (Muscle Test 2 limbs): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 8, Neck & Upper back complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** According to MTUS guidelines, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The patient developed neck pain without any clinical or MRI evidence of radiculopathy or peripheral nerve compromise. Therefore, the request for Electromyography (EMG) of Bilateral Upper Extremities is not medically necessary.

**NCV of Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 8, Neck & Upper back complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** According to MTUS guidelines, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The patient developed neck pain without any clinical or MRI evidence of radiculopathy or peripheral nerve compromise. The patient developed neck pain without any clinical or MRI evidence of radiculopathy or peripheral nerve compromise. Therefore, the request for Nerve Conduction Study (NCV) of Bilateral Upper Extremities is not medically necessary.