MAXIMUS Federal Services

| Case Number: | CM14-0035771 | | |
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| Date Assigned: | 06/23/2014 | Date of Injury: | 08/29/2010 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 03/24/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

## 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:

The claimant was injured on 08/29/10. EMG/NCV of the bilateral upper extremities is under review. She has had extensive care. She went to an emergency department on 09/25/13 and complained of back pain. There were no upper extremity complaints. Physical examination was unremarkable. On 11/27/13, she saw [redacted] and cervical fusion was planned. She had constant numbness and tingling in both arms and hands. The pain in her neck was constant, sharp, and radiated throughout the entire back of both arms. She had headaches. She underwent anterior cervical fusion on 11/05/13 at level C4-5. On 11/27/13, she reported ongoing numbness in her arms. She was seen in an emergency department again on 01/06/14 for back pain and complained of hand numbness and swelling. Her history was inconsistent relative to her back. She saw [redacted] on 01/08/14 for her back. Her arms were not mentioned. On 02/04/14, again her back was assessed but not her arms. On 03/04/14, [redacted] only noted tenderness of the left wrist. She complained of bilateral hand and wrist pain. EMG/NCV of the upper extremities were recommended as it was not clear whether this was peripheral or cervical in origin. There were no neurologic deficits noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography study) of the upper bilateral extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The history and documentation do not objectively support the request for EMG at this time. The MTUS/ACOEM Guidelines state "criteria for ordering imaging studies are: -Emergence of a red flag -Physiologic evidence of tissue insult or neurologic dysfunction -Failure to progress in a strengthening program intended to avoid surgery -Clarification of the anatomy prior to an invasive procedure Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." There is no evidence of red flag symptoms or neurologic deficits on physical examination for which this type of study appears to be indicated. The claimant already underwent cervical spine fusion and it appears that she has similar symptoms as she had prior to surgery. There is little mention in the file of symptoms or findings that may be due to a new cervical spine disorder. No new symptoms or new deficits have been described and no focal or progressive deficits have been noted. The medical necessity of an EMG has not been clearly demonstrated.

**NCV (Nerve Conduction Velocity) study of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The history and documentation do not objectively support the request for NCV at this time. The MTUS/ACOEM Guidelines state "in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated." Table 11-6 recommends EMG/NCS for the evaluation of carpal tunnel syndrome. There is no evidence of red flag symptoms or neurologic deficits on physical examination for which this type of study appears to be indicated. The claimant already underwent cervical spine fusion and it appears that she has similar symptoms as she had prior to surgery. There is little mention in the file of symptoms or findings that may be due to a new peripheral nerve compression or other dysfunction. It is not clear whether conservative treatment for these reported symptoms has been completed or attempted and failed. No new symptoms or new deficits have been described and no focal or progressive deficits have been noted. The medical necessity of NCV has not been clearly demonstrated.