

<b>Case Number:</b>	CM14-0037098		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; a cervical collar; and extensive periods of time off of work. In a Utilization Review Report dated March 8, 2014, the claims administrator modified a request for electrodiagnostic testing of the bilateral upper extremities as an EMG-NCV of the right upper extremity alone. The claims administrator did not seemingly incorporate any guidelines into its rationale. A January 6, 2014 progress note is notable for comments that the applicant reported persistent neck, right shoulder, and right elbow pain. The applicant had had earlier cervical epidural steroid injection therapy without benefit. The applicant stated that she was tired of suffering. The applicant was still smoking, it was stated. The applicant was reportedly having terrible numbness about the right upper extremity. Electrodiagnostic testing of the right upper extremity was sought on this occasion. The applicant was placed off of work, on total temporary disability. It appears that electrodiagnostic testing of the bilateral upper extremities was earlier sought through another of the applicant's treating providers, a neurosurgeon. On an earlier note of November 25, 2013, the applicant was again placed off of work, on total temporary disability. The applicant's radicular complaints were not described on that date. A February 18, 2014 progress note was again notable for comments that the applicant reported persistent neck pain, elbow pain, and shoulder pain. The applicant stated that she had been able to cut back on her smoking. Electrodiagnostic testing was again sought while the applicant was placed off of work, on total temporary disability.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178, do support EMG and NCV testing to help identify subtle, focal neurologic dysfunction in applicants with neck or arm complaints or both which last greater than three to four weeks, in this case, however, the applicant's neck and arm complaints are seemingly confined to the symptomatic right upper extremity alone. Several progress notes referenced above suggest that the applicant has reported neck pain radiating to the right upper extremity with associated dysesthesias about the right upper extremity alone. EMG testing of the asymptomatic left upper extremity is not indicated. Since partial certifications are not permissible through the Independent Medical Review process, the request is therefore deemed not medically necessary.

**NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178 do support EMG and/or NCV testing to help identify subtle, focal neurologic dysfunction in applicants with neck or arm complaints or both which last greater than three to four weeks, in this case, as with the EMG component of the request, the applicant's symptoms are seemingly confined to the symptomatic right upper extremity alone. There is no mention or suggestion of any symptoms associated with the left upper extremity. Nerve conduction testing of the asymptomatic left upper extremity is not indicated. Since partial certifications are not permissible through the Independent Medical Review process, the request is deemed not medically necessary.