

<b>Case Number:</b>	CM14-0042831		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 40-year-old female who has submitted a claim for cervical spine sprain/strain associated with an industrial injury date of 03/06/2012. Medical records from 01/30/2014 to 07/03/2014 were reviewed and showed that patient complained of neck pain (grade not specified) radiating to bilateral upper extremities. Physical examination revealed decreased cervical spine ROM due to pain. Deep Tendon Reflexes (DTRs) were 2+ for the biceps, triceps, and brachioradialis reflexes. Sensation to light touch was decreased over the C6 dermatomal distribution bilaterally. Cervical compression and distraction tests were positive. EMG/NCV study of bilateral upper extremities dated 05/05/2014 was unremarkable. Treatment to date has included physical therapy, acupuncture, and pain medications. The Utilization Review dated 03/18/2014 denied the request for EMG/NCV study of bilateral upper extremities because there was no sensory/motor deficits that would substantiate the need for the diagnostic study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** According to CA MTUS ACOEM Practice Guidelines, an Electromyography (EMG) is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of neck pain radiating to bilateral upper extremities. Objective findings showed normoreflexia, positive cervical compression / distraction tests, and dysesthesia over the bilateral C6 dermatomes. However, clinical manifestations were not consistent with a focal neurologic deficit. Additionally, it is noted that an EMG/NCV study of bilateral upper extremities was already accomplished on 05/05/2014 showing unremarkable results. Therefore, the request for an EMG of the bilateral upper extremities is not medically necessary.

**NCV Bilateral upper extremities:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction StudiesX Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

**Decision rationale:** The CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. Moreover, Official Disability Guidelines (ODG) states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG. However, it is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled Nerve Conduction Studies in Polyneuropathy cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds. However, optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of neck pain radiating to bilateral upper extremities. Objective findings showed normoreflexia, positive cervical compression / distraction tests, and dysesthesia over the bilateral C6 dermatomes. NCV is a reasonable diagnostic option given that patient presented with symptoms of neuropathy. Therefore, the request for NCV of the bilateral upper extremities is medically necessary.