

<b>Case Number:</b>	CM14-0046566		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/18/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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:

Patient is a 47-year-old female who has submitted a claim for right knee sprain, lumbar strain, and right shoulder strain associated with an industrial injury date of 08/18/2013. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent upper back pain radiating to the right arm, neck, and bilateral lower extremities. The patient denied incontinence. A physical examination of the thoracic and lumbar spine showed tenderness and muscle spasm. Adduction of the right shoulder was painful. Lumbar extension was likewise painful. Motor strength of bilateral upper extremities was graded 5/5. Straight leg raise test was unremarkable. Sensory was intact. Treatment to date has included right shoulder rotator cuff repair, physical therapy, activity restrictions, and medications. A utilization review from 03/14/2014 denied the request for EMG/NCV of bilateral upper extremity because there was no left-sided symptom that may warrant a bilateral study. In addition, patient presented with right shoulder sprain / strain and electrodiagnostic study was not guideline supported for such diagnosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

**Decision rationale:** CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient complained of persistent upper back pain radiating to the right arm and neck. Physical examination showed tenderness and muscle spasm. Motor strength of bilateral upper extremities was graded 5/5. Sensation was intact. Clinical manifestations are not consistent with focal neurologic deficit; hence, there is no clear indication for EMG at this time. Therefore, the request for EMG of the left upper extremity is not medically necessary.

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

**Decision rationale:** CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of persistent upper back pain radiating to the right arm and neck. Physical examination showed tenderness and muscle spasm. Adduction of the right shoulder was painful. Motor strength of bilateral upper extremities was graded 5/5. Sensation was intact. Clinical manifestations are not consistent with focal neurologic deficit; hence, there is no clear indication for EMG at this time. Therefore, the request for EMG of the right upper extremity is not medically necessary.

**NCS left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**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 Studies 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:** 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, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but 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, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of persistent upper back pain radiating to the right arm and neck. Medical records submitted and reviewed failed to provide evidence of symptoms pertaining to the left arm. There is no clear indication for NCV at this time. Therefore, the request for NCS of the left upper extremity is not medically necessary.

**NCS right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**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 Studies 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.

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