

<b>Case Number:</b>	CM14-0050809		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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, 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:

This patient is a 30-year-old female with a date of injury of 11/10/2011. The patients' diagnoses include cervical spine sprain/strain with spinal disease multilevel, chronic neck pain, chronic left shoulder sprain/strain. The patient reports persistent neck pain, left side greater than right. The patient is status post right shoulder surgery on 01/22/2013. The patient had an MRI of the cervical spine on 12/20/2013 which revealed bulging annulus posteriorly at the C5-C6 and C6-C7 levels, reversal of the normal cervical lordosis at C5, mild diffuse disc and cervical spine desiccation and perineural cysts C4-C5, C5-C6 and C6-C7 levels. Previous electrodiagnostic testing was performed on 07/30/2012. The results of this testing was normal for bilateral upper extremities. In a report dated 03/19/2014 there is a note of mild orthopedic pathology with a discouragement of interventional treatment. There is documentation of physical examination and neurological consultation on 02/21/2014. According to the medical record the patient's MRI of the cervical spine revealed a small disc bulge and was otherwise completely normal. There is noted subjective weakness of the left upper extremity and some tingling and numbness. Physical examination findings revealed tenderness in the left and right upper extremity/shoulder area. The range of motion was noted to be normal bilaterally. Motor and sensory examination was noted to be normal. The impression was the pain is consistent with myofascial pain of the cervicospinal region. The recommendation, according to the medical documentation is to obtain a nerve conduction velocity test along with electromyography of the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Study, each nerve, motor with F-Wave Study QTY: 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Neck, Chronic Pain, Electromyography, Electrodiagnostic StudiesX Other Medical Treatment Guideline or Medical Evidence: Electrodiagnostic testing of nerves and muscles: When, why, and how to order. Chemali KR, Tsao B. Cleve Clin J Med. 2005 Jan;72(1): 37-48.

**Decision rationale:** According to the ODG F-wave tests are not very specific and therefore not recommended. According to ACOEM guidelines, special nerve conduction studies are not recommended for most patients with neck/upper back problems or for patients with vague neurologic findings on physical examination. Sometimes electrodiagnostic studies are used to identify nerve compromise if the neurologic examination is unclear or equivocal. Typically these tests are performed to evaluate for nerve damage or compromise prior to ordering imaging studies such as MRI, which is typically utilized to help define a potential cause of nerve impairment. In this case, the patient has already had electrodiagnostic testing which was reportedly normal in bilateral upper extremities and a cervical spine MRI which was reportedly normal with the exception of a small disc bulge. There is no documented indication for repeated electromyography or nerve conduction velocity. There are no documented physical examination findings consistent with new or progressive neurologic changes, either motor or sensory. In addition, according to the Cleveland Clinic Journal of Medicine, in patients with symptoms primarily of pain without objective evidence of weakness electrodiagnostic testing is low yield and not recommended. In cases such as this, electrodiagnostic testing is not recommended regardless of the presence or absence of radicular symptoms. Therefore the above listed issue is considered not medically necessary.

**Nerve Conduction Study, each nerve, sensory QTY: 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Neck, Chronic Pain, Electromyography, Electrodiagnostic studies Other Medical Treatment Guideline or Medical Evidence: Electrodiagnostic testing of nerves and muscles: When, why, and how to order. Chemali KR, Tsao B. Cleve Clin J Med. 2005 Jan;72(1): 37-48.

**Decision rationale:** According to ACOEM guidelines, special nerve conduction studies are not recommended for most patients with neck/upper back problems or for patients with vague neurologic findings on physical examination. Sometimes electrodiagnostic studies are used to identify nerve compromise if the neurologic examination is unclear or equivocal. Typically these tests are performed to evaluate for nerve damage or compromise prior to ordering imaging studies such as MRI, which is typically utilized to help define a potential cause of nerve

impairment. In this case, the patient has already had electrodiagnostic testing which was reportedly normal in bilateral upper extremities and a cervical spine MRI which was reportedly normal with the exception of a small disc bulge. There is no documented indication for repeated electromyography or nerve conduction velocity. There are no documented physical examination findings consistent with new or progressive neurologic changes, either motor or sensory. In addition, according to the Cleveland Clinic Journal of Medicine, in patients with symptoms primarily of pain without objective evidence of weakness electrodiagnostic testing is low yield and not recommended. In cases such as this, electrodiagnostic testing is not recommended regardless of the presence or absence of radicular symptoms. Therefore the above listed issue is considered not medically necessary.

**Nerve Conduction Study, each nerve, motor without F-Wave Study QTY: 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Chronic Pain, Electromyography, Electrodiagnostic studies Other Medical Treatment Guideline or Medical Evidence: Electrodiagnostic testing of nerves and muscles: When, why, and how to order. Chemali KR, Tsao B. Cleve Clin J Med. 2005 Jan;72(1): 37-48.

**Decision rationale:** According to ACOEM guidelines, special nerve conduction studies are not recommended for most patients with neck/upper back problems or for patients with vague neurologic findings on physical examination. Sometimes electrodiagnostic studies are used to identify nerve compromise if the neurologic examination is unclear or equivocal. Typically these tests are performed to evaluate for nerve damage or compromise prior to ordering imaging studies such as MRI, which is typically utilized to help define a potential cause of nerve impairment. In this case, the patient has already had electrodiagnostic testing which was reportedly normal in bilateral upper extremities and a cervical spine MRI which was reportedly normal with the exception of a small disc bulge. There is no documented indication for repeated electromyography or nerve conduction velocity. There are no documented physical examination findings consistent with new or progressive neurologic changes, either motor or sensory. In addition, according to the Cleveland Clinic Journal of Medicine, in patients with symptoms primarily of pain without objective evidence of weakness electrodiagnostic testing is low yield and not recommended. In cases such as this, electrodiagnostic testing is not recommended regardless of the presence or absence of radicular symptoms. Therefore the above listed issue is considered not medically necessary.

**H-Reflex, Amplitude and Latency Study; other than Gastrocnemius/Soleus Muscle QTY:2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178; 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Neck, Chronic Pain, Electromyography, Electrodiagnostic studies Other Medical Treatment Guideline or Medical Evidence: Electrodiagnostic testing of nerves and muscles: When, why, and how to order. Chemali KR, Tsao B. Cleve Clin J Med. 2005 Jan;72(1): 37-48.

**Decision rationale:** According to ACOEM guidelines, special nerve conduction studies are not recommended for most patients with neck/upper back problems or for patients with vague neurologic findings on physical examination. Sometimes electrodiagnostic studies are used to identify nerve compromise if the neurologic examination is unclear or equivocal. According to the ODG the H-Reflex study is technically difficult to perform in the upper extremity. Typically these tests are performed to evaluate for nerve damage or compromise prior to ordering imaging studies such as MRI, which is typically utilized to help define a potential cause of nerve impairment. In this case, the patient has already had electrodiagnostic testing which was reportedly normal in bilateral upper extremities and a cervical spine MRI which was reportedly normal with the exception of a small disc bulge. There is no documented indication for repeated electromyography or nerve conduction velocity. There are no documented physical examination findings consistent with new or progressive neurologic changes, either motor or sensory. In addition, according to the Cleveland Clinic Journal of Medicine, in patients with symptoms primarily of pain without objective evidence of weakness electrodiagnostic testing is low yield and not recommended. In cases such as this, electrodiagnostic testing is not recommended regardless of the presence or absence of radicular symptoms. Therefore the above listed issue is considered not medically necessary.