

<b>Case Number:</b>	CM14-0055582		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Neurology and is licensed to practice in Texas, Massachusetts, and Ohio. 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 injured worker is a 23-year-old male who reported an injury on 08/01/2013 after being hit by a truck. The injured worker reportedly sustained an injury to his low back and cervical spine. The injured worker was evaluated on 05/28/2014. It was documented that the injured worker had complaints of neck pain and low back pain with restricted range of motion of the lumbar spine. The injured worker's diagnoses included lumbar sprain/strain, thoracic sprain/strain, and sacroiliac joint sprain. A request was made for a nerve conduction study and electromyography study of the right upper extremity; however, no justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction study (NCS) right upper extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 177-179.

**Decision rationale:** The requested nerve conduction study of the right upper extremity is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule

recommends electrodiagnostic studies for patients who have symptoms of radiculopathy that require further clarification for specific nerve root identification. The clinical documentation submitted for review does not provide an adequate evaluation of the injured worker's cervical spine to support the need for an electrodiagnostic study of the right upper extremity. Additionally, there is no documentation that the injured worker has any radiating pain into the right upper extremity. Therefore, the need for an electrodiagnostic study would not be indicated in this clinical situation. As such, the requested nerve conduction study of the right upper extremity is not medically necessary.

**Electromyography (EMG) right upper extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** The requested EMG of the right upper extremity is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends electrodiagnostic studies for patients who have symptoms of radiculopathy that require further clarification for specific nerve root identification. The clinical documentation submitted for review does not provide an adequate evaluation of the injured worker's cervical spine to support the need for an electrodiagnostic study of the right upper extremity. Additionally, there is no documentation that the injured worker has any radiating pain into the right upper extremity. Therefore, the need for an electrodiagnostic study would not be indicated in this clinical situation. As such, the requested EMG of the right upper extremity is not medically necessary.