

<b>Case Number:</b>	CM14-0058885		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/04/1998
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 patient is a 52 year-old female with date of injury on 12/01/1998. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/14/2014, lists subjective complaints as pain in the cervical spine which radiates down the arm to the left thumb with associated numbness and tingling. Objective findings include examination of the cervical spine revealed restricted range of motion due to pain with spasm, tenderness and trigger points. Examination of the left wrist revealed tenderness to palpation over the scaphoid area. Diagnoses include low back pain, cervical facet syndrome, radiculopathy, cervical pain left arm pain, and left wrist pain. The patient underwent an X-ray of the left hand which was positive for several subchondral cysts at the base of the thumb and 1st metacarpal, carpometacarpal (CMC) joint subluxation and joint space narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyelography) study of the left upper extremity:** Overturned

**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 and Upper Back Chapter.

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

**Decision rationale:** The MTUS Guidelines state that electromyography (EMG), and nerve conduction velocities (NCV), including H-Reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The patient's history of pain radiating from the neck down the arm and into the left thumb is very suggestive of a C6 radiculopathy. As such, the request is medically necessary.