

<b>Case Number:</b>	CM14-0060158		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Physical Medicine and Rehabilitation, 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 sustained an injury on 4/2/13 while employed by [REDACTED]. Request(s) under consideration include EMG of the right upper extremities and NCV of the right upper extremities. Report of 2/12/14 from the provider noted the patient with moderate neck pain with stiffness; associated with numbness when reaching above chest level; severe left wrist/hand pain; bilateral shoulder pain; thoracic spine pain. Exam showed cervical spine with spasm, tenderness C2-7/ suboccipital muscles and bilateral upper shoulder muscles; positive axial compression test/ distraction/ shoulder depression; decreased left biceps and left brachioradialis decreased; left C5, C6, C7 myotome weakness; positive spasm and tenderness of thoracic paraspinal muscles T3-9; lumbar exam with spasm/ tenderness from L2-S1, multifidus, and left piriformis muscles; positive Kemp's and Yeoman's; decreased right hamstrings and Achilles reflexes; positive right SLR; shoulder with spasm/ tenderness to rotator cuff muscles; positive Codman's/ Speeds/ supraspinatus bilaterally. Diagnoses include lumbar disc displacement/ myelopathy; cervical disc herniation with myelopathy; thoracic disc displacement without myelopathy; bursitis and tendinitis of bilateral shoulder/rotator cuff syndrome; tendinitis and bursitis of bilateral hands/wrists. Request for EMG/NCV of the left upper extremity was certified. Request(s) for EMG of the right upper extremities and NCV of the right upper extremities were non-certified on 4/17/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of th right upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG, Neck & upper back, electromyography (EMG).

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

**Decision rationale:** Per MTUS Guidelines, with specific symptoms or neurological compromise consistent with possible entrapment, radiculopathy, foraminal or spinal stenosis on MRI, medical necessity for EMG may be established. Submitted reports; however, only demonstrated clinical findings to suggest possible cervical radiculopathy and/or entrapment syndrome exhibited in the left upper extremity with myotomal weakness and dermatomal sensory loss on left, not right side. The EMG of the right upper extremities is not medically necessary and appropriate.

**NCV of the right upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

**Decision rationale:** Per MTUS Guidelines, with specific symptoms or neurological compromise consistent with possible entrapment, radiculopathy, foraminal or spinal stenosis on MRI, medical necessity for NCV may be established. Submitted reports; however, only demonstrated clinical findings to suggest possible cervical radiculopathy and/or entrapment syndrome exhibited in the left upper extremity with myotomal weakness and dermatomal sensory loss on left, not right side. The NCV of the right upper extremities is not medically necessary and appropriate.