

<b>Case Number:</b>	CM14-0062140		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 59-year-old male who reported an injury on 06/04/2012 due to a slip and fall at work. The injured worker was diagnosed with right shoulder rotator cuff tear. On 06/20/2012, the injured worker was diagnosed with cervical strain without radiculopathy; as well as shoulder, wrist, and ankle strain. The injured worker was scheduled for modified duty and Physical Therapy. The physician prescribed Norco and Lunesta to the injured worker. On 05/08/2013, the injured worker reported to his physician noting intermittent neck pain at 6/10 to 7/10. The injured worker was not sure what causes the pain. The physician continued the injured worker on his current medication. An x-ray was done of the cervical spine on 06/13/2012. The injured worker was diagnosed with cervical neck strain without radiculopathy. The injured worker continues on physical therapy. On 05/19/2014, a cervical MRI was conducted. The results indicated mild to moderate multilevel degenerative disc disease at C5 and C6, mild multilevel facet degenerative disc disease, mild posterior subluxation of C4 on C5 and C5 on C6, early right C3-4 foraminal narrowing due to unciniate hypertrophy, a 2 mm central disc protrusion at C4-5 with mild canal narrowing, and a 4 mm central disc protrusion at C5-6 with mild spinal stenosis. On 03/03/2014, the injured worker saw his physician and was diagnosed with degenerative disc disease at C5-6; moderate cervical spine strain with right upper cervical radiculitis. The injured worker saw his physician for the last time documented on 04/03/2014. The injured worker complained of pain to the cervical spine, right shoulder, and left wrist. The pain level was stated at 2/10 to 10/10. The injured worker receives Norco, Aleve, and Lunesta for medications. The injured worker is noted as having a normal and independent ability to perform activities of daily living. The physician noted cervical spine tenderness to palpation of paracervical levator scapulae, medial trapezius, and parascapular muscles. The physician noted muscle spasms to the levator scapulae and trapezius muscles. The physician noted a

positive Spurling's test for neck pain radiating to the levator scapulae and trapezius muscles. The right shoulder had a positive impingement sign, supraspinatus sign, acromioclavicular joint tenderness, and crepitus. The injured worker had negative apprehension test, drop arm test, and sulcus test. The physician is asking for an electromyography of the left upper extremity, electromyography of the right upper extremity, nerve conduction study of the left upper extremity, and nerve conduction study of the right upper extremity. There was no rationale provided for these requests. A request for authorization form was not presented with these documents for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Electromyography for Left Upper Extremity: 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 Official Disability Guidelines, Neck and Upper Back - Electrodiagnostic studies (EDS).

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

**Decision rationale:** A request for electromyography to the left upper extremity is non-certified. California ACOEM Guidelines state electromyography and nerve conduction velocities, including H-wave tests may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The injured worker has already received an MRI. The MRI has already provided the physician with sufficient diagnoses of the injured worker's problems. The physical exam of the left upper extremity presents with no signs or symptoms of radiculopathy. As such, the request for Electromyography (EMG) Left Upper Extremity is not medically necessary and appropriate.

#### **Electromyography Right Upper Extremity: 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 Official Disability Guidelines, Neck and Upper Back - Electrodiagnostic studies (EDS).

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

**Decision rationale:** A request for electromyography to the right upper extremity is non-certified. California ACOEM Guidelines state electromyography and nerve conduction velocities, including H-wave tests may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The injured worker has already received an MRI. The MRI has already provided the physician with sufficient diagnoses of the injured worker's problems. The physical exam of the right upper extremity presents with no

signs or symptoms of radiculopathy. As such, the request of Electromyography (EMG) for Right Upper Extremity is not medically necessary and appropriate.

**Nerve Conduction Study Left Upper Extremity: 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 Official Disability Guidelines, Neck and Upper Back - Electrodiagnostic studies (EDS).

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

**Decision rationale:** The decision for nerve conduction study left upper extremity is non-certified. California ACOEM Guidelines state electromyography and nerve conduction velocities, including H-wave tests may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The injured worker has already received an MRI. The MRI has already provided the physician with sufficient diagnoses of the injured worker's problems. The physical exam of the left upper extremity presents with no signs or symptoms of radiculopathy. As such, the request of Nerve Conduction Study (NCS) Left Upper Extremity is not medically necessary and appropriate.

**Nerve Conduction Study Right Upper Extremity: 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 Official Disability Guidelines, Neck and Upper Back - Electrodiagnostic studies (EDS).

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

**Decision rationale:** California ACOEM Guidelines state electromyography and nerve conduction velocities, including H-wave tests may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The injured worker has already received an MRI. The MRI has already provided the physician with sufficient diagnoses of the injured worker's problems. The physical exam of the right upper extremity presents with no signs or symptoms of radiculopathy. As such, the request of Nerve Conduction Study (NCS) for Right Upper Extremity is not medically necessary and appropriate.