

<b>Case Number:</b>	CM14-0063213		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/10/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/23/2014
<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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 11/10/2013, due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her cervical spine and right shoulder. The injured worker's treatment history included Physical Therapy, a TENS unit, Acupuncture, and multiple medications. The injured worker was evaluated on 05/02/2014. It was noted that the injured worker complained of neck pain. The physical findings included tenderness to palpation of the cervical spine with restricted range of motion secondary to pain, and a positive cervical compression test with positive shoulder depression test. The injured worker diagnoses included a cervical spine sprain/strain with radiculitis/radiculopathy, and right shoulder sprain/strain. It was noted that the injured worker had undergone an MRI on 03/22/2014 that documented there was disc desiccation at the C2-3 and C6-7, with no evidence of spinal canal or neural foraminal stenosis. A Request for Authorization for Physical Therapy and Electrodiagnostic Study of the bilateral upper extremities was submitted on 05/02/2014; 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:

**EMG/NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The requested EMG/NCV of the bilateral upper extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies for neck and upper back injuries when there is non-focal evidence of radiculopathy, and the need to determine an affected nerve root level is needed for treatment planning. The clinical documentation submitted for review does indicate that the injured worker has already undergone an MRI. Therefore, the need for an additional electrodiagnostic study would not be indicated in this clinical situation. Additionally, the electrodiagnostic study was ordered in combination with physiotherapy. The outcome of the physiotherapy would need to be provided before determining the need for additional diagnostic studies. Furthermore, the clinical documentation supports right-sided symptoms. No justification for a bilateral electrodiagnostic study was provided. As such, the requested EMG/NCV of the bilateral upper extremities is not medically necessary.