

<b>Case Number:</b>	CM14-0068959		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Nevada. 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 records presented for review indicate that this 29 year-old female was reportedly injured on 2/9/2013. The mechanism of injury is not listed. The most recent progress note, dated 3/21/2014 indicates that there are ongoing complaints of neck pain, upper back pain, and hand pain. The physical examination demonstrated cervical spine: positive tenderness to palpation, guarding, and muscle spasms noted over the left paravertebral regions and upper trapezius muscles. Positive trigger point noticeable in the left upper trapezius muscle is noted. Muscle strength 4/5. Range of motion restricted due to pain and spasm. Neurological examination is within normal limits. Diagnostic imaging studies include nerve conduction study (NCS) of the upper extremities on 4/8/2014 which reveals normal study. MRI of the cervical spine on same date of service which reveals negative study allowing for straightening of the normal cervical lordosis, which may be secondary to positioning or spasm in clinical correlation is recommended. Previous treatment includes medications, and conservative treatment. A request had been made for EMG/NCV of the left upper extremity, and was not certified in the pre-authorization process on 4/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY OF LEFT UPPER EXTREMITY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The claimant underwent a MRI of the cervical spine on 8/4/2014, as well as a nerve conduction study and electrodiagnostic study on the same date of service. Therefore this request is deemed not medically necessary.

**NERVE CONDUCTION VELOCITY STUDIES OF LEFT UPPER EXTREMITY:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The claimant underwent a MRI of the cervical spine on 8/4/2014, as well as a nerve conduction study and electrodiagnostic study on the same data service. Therefore this request is deemed not medically necessary.