

<b>Case Number:</b>	CM14-0071386		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/19/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 65 year-old female with date of injury 01/19/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/31/2014, lists subjective complaints as low back pain, neck pain and right wrist pain. Objective findings: Examination of the cervical spine revealed pain at the terminal range of motion and tenderness to palpation of the paraspinal musculature. Right wrist: tender along the first and second dorsal compartment with a positive Finkelstein's exam. Positive median nerve compression test on the right. Motor exam showed 4/5 in the upper extremities bilaterally. MRI of the cervical spine, 01/15/2014, was positive for slight loss of intervertebral disc height and disc desiccation changes at C4-5 and C5-6 levels with straightening of the normal cervical spine lordosis. No cord compression or edema. Diagnosis: 1. Lumbar spine strain with degenerative disc disease 2. Cervicothoracic spine strain 3. Rule out right wrist De Quervan's tenosynovitis and intersection syndrome. 4. Depression, Anxiety, and Sleep difficulty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178,303. Decision based on Non-MTUS Citation ODG-neck and upper back , nerve conduction studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178.

**Decision rationale:** The MTUS states 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. In addition to the findings on the cervical MRI which show foraminal stenosis at two segments, the patient has a positive median nerve compression test on the right, and bilateral upper extremity weakness. EMG studies are necessary to evaluate the source of the extremity weakness and to assess the patient for possible carpal tunnel syndrome. I am reversing the prior utilization review decision therefore, this request is medically necessary.

**NCS bilateral upper extremities:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178.

**Decision rationale:** The MTUS states 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. In addition to the findings on the cervical MRI which show foraminal stenosis at two segments, the patient has a positive median nerve compression test on the right, and bilateral upper extremity weakness. Nerve conduction velocity studies are necessary to evaluate the source of the extremity weakness and to assess the patient for possible carpal tunnel syndrome. I am reversing the prior utilization review decision therefore, this request is medically necessary.