

<b>Case Number:</b>	CM14-0072029		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/07/2005
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Management 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 is a 67 year-old male with a 1/7/2005 date of injury, apparently due to repetitive activities at work. A 4/29/14 prior determination was non-certified given the chronicity of the problem and the inconsistencies on the reports. A 4/3/14 medical report by [REDACTED] identified constant daily pain and discomfort rated 7-8/10, described as sharp shooting pain, numbness and tingling radiating to his hands, mainly the right hand. There was a burning sensation when lifting the left arm and weakness. Exam revealed decreased range of motion, 5/5 strength, and sensation abnormal in the C5-C6 dermatomes on the left side. Spurling's test produced pain in the left arm. Shoulder exam revealed 4/5 strength with pain in the left with resisted external rotation, 4/5 with pain bilaterally with resisted supraspinatus test. There were positive impingement signs bilaterally. Cervical x-rays revealed disc collapse at C5-6 with some anterior osteophyte formation. A 2/13/14 medical report by [REDACTED] identified neck pain with stiffness, decreased range of motion, and tenderness to palpation over the paraspinal muscles. Sensation was decreased over the right C6. Motor exam revealed -5/5 triceps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Muscle Test 2 Limbs:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG states that electromyography (EMG) is recommended (needle, not surface) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). (AAEM, 1999) EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms. (ODG, Neck and Upper Back Chapter).

**Decision rationale:** CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The patient had clinical findings of radiculopathy and carpal tunnel syndrome. However, there were some discrepancies between the evaluations provided, where one cites decreased sensation on the right side at C6 and the other cited decreased sensation on the left side. In addition, it was not clear if the patient had any recent conservative treatment for the findings encountered on examination, specifically, any physical modalities performed. While electrodiagnostic studies might provide help in the diagnosis of cervical radiculopathy vs. carpal tunnel syndrome, insufficient documentation was presented to support the necessity for such.