

<b>Case Number:</b>	CM14-0073335		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 has a subspecialty in Interventional Spine 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 53-year-old female with a date of injury of 09/02/2011. The listed diagnosis per [REDACTED] is cervical spine myospasm. According to progress report 04/15/2014, the patient presents with neck pain that radiates to the bilateral arms, right greater than left, with numbness and tingling to the right fingers. Objective findings include decreased range of motion, positive TTP, MMT is 4/5, and decreased sensation to the right C5 to C6. The treating physician is requesting MRI of the cervical spine, x-rays of the cervical spine, and EMG/NCV of the bilateral upper extremities. This is a request for EMG of the bilateral upper extremities and NCV of the bilateral upper extremities. Utilization review denied the request on 04/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography) of the Bilateral Upper Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** This patient presents with neck pain that radiates to the bilateral arms, right greater than left, with numbness and tingling to the fingers. The treating physician is requesting an EMG of the bilateral upper extremities. Utilization review denied the request stating extent of conservative care and response to such and prior MRI results were not provided for review. ACOEM Guidelines page 206 states that electrodiagnostic studies may differentiate between CTS and other conditions such as cervical radiculopathy. Review of the medical review which includes progress reports from 09/18/2013 through 04/15/2014 does not indicate the patient had prior EMG studies. The patient has neck pain with radiation to the upper extremity with numbness and tingling down to the fingers. An EMG at this time for further investigation is reasonable, and recommendation is for approval.

**NCV (Nerve Conduction Velocity) of the Bilateral Upper Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding NCV studies: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious.

**Decision rationale:** This patient presents with ongoing neck pain radiating to her arms, right greater than left, with numbness and tingling to the fingers. The treating physician is requesting a nerve conduction velocity (NCV) test of the bilateral upper extremities. ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines have the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electro diagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. This patient has not had NCV testing for her upper extremity complaints. In this case, the patient continues with upper extremities symptoms. The requested bilaterally NCV testing is medically necessary.