

<b>Case Number:</b>	CM14-0074193		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 28-year-old female with a date of injury of 09/04/2012. The listed diagnoses per [REDACTED] are: 1. Cervical spine pain. 2. Cervical spine radiculopathy. 3. Cervical spine sprain/strain. 4. Right elbow internal derangement. 5. Right elbow pain. 6. Right elbow epicondylitis. 7. Right shoulder internal derangement. 8. Right shoulder pain. 9. Right shoulder sprain. According to progress report 03/04/2014, the patient presents with radiating pain down her right upper extremity and down into her hands. Patient reports the pain is accompanied by paresthesia and a burning sensation. Examination of the cervical spine revealed tenderness to palpation about the paracervical muscle, and muscle spasms are noted. There is a decrease in range of motion. The provider is requesting authorization for an EMG and NCV of the bilateral upper extremities to rule out radiculopathy. Utilization review denied the request on 04/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography) of bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 178. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment in Workers Compensation) Upper Back Procedure Summary

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

**Decision rationale:** The provider is requesting an EMG/NCV of the bilateral upper extremities to rule out radiculopathy. Utilization review denied the request for EMG/NCV stating, "There is insufficient evidence of significant neurological symptoms such as motor or sensory changes or atrophy in a specific distribution." ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The medical file indicates the patient has not had an EMG in the past. Given the patient's radiating pain with paresthesia, an EMG for further investigation may be warranted. Therefore, this request is medically necessary.

**NCV (Nerve conduction velocity) of bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 178. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment in Workers Compensation) Neck and Upper Back Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The provider is requesting an NCV of the bilateral upper extremities to rule out radiculopathy. Utilization review denied the request for EMG/NCV stating, "There is insufficient evidence of significant neurological symptoms such as motor or sensory changes or atrophy in a specific distribution." ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. An ODG guideline has 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.