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| <b>Case Number:</b>   | CM14-0091200 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 04/29/2014 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 05/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/16/2014 |

### 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 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 61-year-old male was reportedly injured on April 29, 2014. The mechanism of injury was noted as repetitive trauma. The most recent progress note, dated May 8, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated a 5'1", 142 pound individual who was hypertensive (56/105) and borderline tachycardic (99 bpm). A decrease in cervical spine range of motion was noted. Foraminal testing was positive bilaterally, and muscle spasm was noted. Deep tendon reflexes were noted to be 2+ bilaterally. Diagnostic imaging studies were not presented. Previous treatment included medications, physical therapy, and acupuncture. A request had been made for electrodiagnostic studies and was not certified in the pre-authorization process on May 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyelography) study of the right upper extremity:** Upheld

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

**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 neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. Thus, when considering the date of injury, the presenting complaints, and the finding on a physical examination, there is no data presented to suggest nerve root encroachment. Accordingly, based on the clinical information presented for review, this request is not medically necessary.

**EMG (Electromyography) study of the left upper extremity:** Upheld

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**EMG (Electromyography) study of the right lower extremity:** Upheld

**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.

**Decision rationale:** ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. Thus, when considering the date of injury, the presenting complaints, and the finding on a physical examination, there is no data presented to suggest nerve root encroachment. Accordingly, based on the clinical information presented for review, this request is not medically necessary.

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**NCV (Nerve Conduction Velocity) study of the right upper extremity:** Upheld

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