

<b>Case Number:</b>	CM14-0127185		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of 1/13/14. A utilization review determination dated 7/31/14 recommends non-certification of EMG/NCV BUE. Electrodiagnostic studies from 6/13/14 revealed no evidence of left cervical axonal motor radiculopathy, brachial plexopathy, median, ulnar, or radial sensory or motor neuropathy. EMG did not exclude the possibility of left cervical sensory radiculitis. 7/14/14 report identifies pain in the neck, left shoulder, wrist, and elbow. Patient has completed PT, acupuncture, and chiropractic sessions. There is weakness and difficulty lifting as well as numbness in the 4th and 5th digits with paresthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, EMGs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

**Decision rationale:** Regarding the request for EMG, CA MTUS and ACOEM state that electromyography and nerve conduction velocities 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. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there are no recent subjective complaints or physical examination findings identifying subtle focal neurologic deficits in any specific nerve/root distribution(s). Furthermore, electrodiagnostic testing was performed one month prior to the current request and no rationale is provided identifying the medical necessity of repeating the studies. In the absence of clarity regarding the above issues, the currently requested EMG is not medically necessary.

**Nerve Conduction Velocity of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, NCV

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

**Decision rationale:** Regarding the request for NCV, CA MTUS and ACOEM state that electromyography and nerve conduction velocities 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. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there are no recent subjective complaints or physical examination findings identifying subtle focal neurologic deficits in any specific nerve/root distribution(s). Furthermore, electrodiagnostic testing was performed one month prior to the current request and no rationale is provided identifying the medical necessity of repeating the studies. In the absence of clarity regarding the above issues, the currently requested NCV is not medically necessary.