Case Number:	CM14-0186711		
Date Assigned:	11/14/2014	**Date of Injury:**	04/15/2014
Decision Date:	01/31/2015	**UR Denial Date:**	10/10/2014
Priority:	Standard	**Application Received:**	11/10/2014

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 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 44 year old male was a parts delivery driver when he was involved in a motor vehicle accident and sustained an injury on April 15, 2014. The injured worker was driving and hit the vehicle ahead of him when it suddenly stopped. His vehicle was then struck by the vehicle behind him. The injured worker reported neck, upper back, and bilateral shoulder pain and soreness. Cervical and thoracic spine x-rays revealed no abnormalities. The diagnoses and results of the injury included cervical and thoracic strain. The injured worker's work status was modified. Prior treatment included trigger point injection of the left neck on June 23, 2014, modified activities, physical therapy (PT), and oral pain medication. The trigger point injection provided approximately one and a half months pain relief. Recent signs and symptoms included left neck pain/soreness, limited neck movement, shocking sensation down the left arm, and difficulty sleeping due to pain. On September 30, 2014, the primary treating physician's physical exam revealed cervical tenderness, a trigger point of pain with a palpable twitch response to the left neck to trapezius, and decreased sensation of the left long and index fingers. Diagnoses included cervical spine sprain/strain and insomnia. The physician noted the injured worker had completed a course of physical therapy with some improvement. The physician recommended continuing oral pain medication, a magnetic resonance imaging (MRI) of the cervical spine, and electromyography of bilateral upper extremities due to radiculopathy. The injured worker was to remain off work.On October 10, 2014 Utilization Review non-certified a request for nerve conduction velocity and electromyography of the bilateral upper extremities. The right arm nerve conduction velocity and bilateral upper extremity electromyogram studies was non-certified based on lack of documentation of objective findings of changes in sensation, reflex, and motor function associated with neurological dysfunction, other than decreased sensation of the left long and index fingers. The American College of Occupational and Environmental (ACOEM)

guidelines for the Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, and Official Disability Guidelines (ODG) for the Neck and Upper Back, Electromyography (EMG) and nerve conduction studies (NCS) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability GUidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG of bilateral upper extremities, ACOEM Practice Guidelines state that the 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. Within the documentation available for review, there is no documentation suggesting right upper extremities symptoms, either from patient history or subjective reporting from treating physicians. From physical examination notes, including physical therapy visits, right upper extremity testing is within normal limits. At a minimum, there should be documentation of abnormality on exam to warrant further investigation with electrodiagnostic testing. In the absence of such documentation, the currently requested EMG of the right upper extremity is not medically necessary.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: ACOEM Chapter 11 on pages 271-273 in Table 11-7 recommends nerve conduction studies for "median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment." There is recommendation against "routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms(D)." The ACOEM guidelines on page 261 state "appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS." Within the documentation available for review, there is no documentation suggesting right upper extremities symptoms, either from patient history or subjective reporting

from treating physicians. From physical examination notes, including physical therapy visits, right upper extremity testing is within normal limits. At a minimum, there should be documentation of abnormality on exam to warrant further investigation with electrodiagnostic testing.

EMG of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG of bilateral upper extremities, ACOEM Practice Guidelines state that the 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. At a minimum, there should be documentation of abnormality on exam to warrant further investigation with electrodiagnostic testing. Within the documentation available for review, there are physical therapy notes indicating weakness on manual motor testing of the left upper extremity four months post injury. In light of such documentation, the currently requested EMG of the left upper extremity is warranted.