

<b>Case Number:</b>	CM14-0189632		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 41 year old male who sustained a cumulative work related injury as an aluminum machine operator on October 13, 2010. The listed diagnoses include cervical spine disc disease, cervical spine radiculopathy, and cervical myofascial pain with failed back syndrome, lumbar facet syndrome and bilateral sacroiliac joint arthropathy. He is status post left shoulder arthroscopy with rotator cuff repair in June 2013 and partial laminectomy at L5-S1 and L4- S1 fusion in February 2013. The patient underwent removal of painful hardware (screws remain) in March 2014. According to the progress reports of September 25, 2014 the patient continues to experience constant dull aches with stiffness and spasm of the lower back associated with lower extremity numbness, tingling and weakness. There is decreased sensation noted with L5-S1 distribution and SLR is positive on the left at 15 degrees and causes back pain only on the right. The patient's neck pain has significantly increased with radiation to the bilateral shoulders, elbow and arm. The pain was with positive flexion and extension with tenderness to palpation over the cervical spine on the left side. Cervical magnetic resonance imaging on September 18, 2014 notes some reversal of the cervical lordosis; 3mm midline disc protrusion with mild central canal narrowing at C5-C6. At C6-C7 left paracentral disc protrusion is noted with flattening of the thecal sac and mild central canal narrowing. Lumbar MRI from 9/10/14 revealed post-surgical changes at L4-5 and L5-S1, normal alignment, L3-14 has 1mm midline disc bulge and there is mild facet arthropathy of the lower lumbar spine. The treating physician has requested left and right upper extremity electromyography and left and right upper extremity nerve conduction velocity (NCV) study. On October 24, 2014 the Utilization Review non-certified the prescription for the left and right upper extremity electromyography and left and right upper extremity nerve

conduction velocity (NCV) tests. Treatment reports from 4/17/14 through 10/15/14 were provided for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG of the left upper extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**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) Low back chapter, Electrodiagnostic Studies

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for EMG of the left upper extremity. The Utilization review denied the request stating that the patient "had no neurological deficits." For EMG of the upper extremities, the ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. There is no prior EMG testing found in the medical records provided. The patient has continued complaints of radiating pain into the upper extremities, MRI report is inconclusive regarding neural impingement and the treating physician is unclear if radiculopathy is present in this patient. This request is medically necessary.

#### **NCV of the right upper extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**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) Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies NCS

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for NCV of the right upper extremity. The Utilization review denied the request stating that the patient "had no neurological deficits." For NCV of the bilateral upper extremities, the ACOEM Guidelines page 262 states that electrodiagnostic 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. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." There is no prior NCV testing provided in the medical file. In this case, the patient continues with upper extremities symptoms. The NCV testing for further investigation is medically necessary.

**NCV of the left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**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) Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies NCS

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for NCV of the left upper extremity. The Utilization review denied the request stating that the patient "had no neurological deficits." For NCV of the bilateral upper extremities, the ACOEM Guidelines page 262 states that electrodiagnostic 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. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." There is no prior NCV testing provided in the medical file. In this case, the patient continues with upper extremity symptoms. The NCV testing for further investigation is medically necessary.

**EMG of the right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**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) Low back chapter, Electrodiagnostic Studies

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for EMG of the right upper extremity. The Utilization review denied the request stating that the patient "had no neurological deficits." For EMG of the upper extremities, the ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. There is no prior EMG testing found in the medical records provided. The patient has continued complaints of radiating pain into the upper extremities, MRI report is inconclusive regarding neural impingement and the treating physician is unclear if radiculopathy is present in this patient. This request is medically necessary.