

<b>Case Number:</b>	CM14-0194532		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 39-year-old female with a work related injury dated November 14, 2011. In the physician's report dated October 1, 2014, the worker was complaining of neck and back pain that was severe at times and was reduced with pain medication. Pain was described as aching and constant. Pain was rated an eight on a scale of ten. The worker also reported anxiety and depression, which was reduced by Celexa. Physical exam was remarkable for nausea, back pain, myalgia, muscle weakness and stiffness. The cervical and lumbar spine was tender with decreased flexion, decreased extension, decreased rotation, and decreased left and right lateral bending. Diagnoses at this visit included low back and cervical pain. Plan of care at this visit included a request for electro- diagnostic studies of the cervical spine and the bilateral upper extremities, lumbar medial branch blocks and medical refills. Work status at this visit was unable to work. The utilization decision dated October 28, 2014 non-certified the request for electromyography (EMG) and Nerve Conduction Velocity Studies (NCS) of the cervical spine and the bilateral upper extremities. The denial was based on the ACOEM Guidelines for EMG & NCV.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 EMG/NCS of the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was insufficient evidence found from the documentation that EMG/NCV testing was warranted. There was no subjective complaints of numbness or tingling. There was no physical finding that suggested upper extremity neuropathy to justify nerve testing as as follow-up. Therefore, the EMG/NCV testing of the cervical spine/upper extremities is all medically unnecessary.

**1 EMG/NCS of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was insufficient evidence found from the documentation that EMG/NCV testing was warranted. There was no subjective complaints of numbness or tingling. There was no physical finding that suggested upper extremity neuropathy to justify nerve testing as as follow-up. Therefore, the EMG/NCV testing of the cervical spine/upper extremities is all medically unnecessary.