

<b>Case Number:</b>	CM14-0198719		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	12/16/1998
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67 year old male injured worker suffered and industrial injury on 12/16/1998. The diagnostic studies were x-rays of the cervical spine. The treating provider reported neck pain that began in 6/2014 that radiated to the shoulder blade and down the arm with some tingling and numbness from left elbow to last 2 fingers of the left hand that has progressively getting worse. The pain was 4/10, causing difficulty sleeping. On exam there is slight increase in pain on the left side of the arm and increasing with turning the neck to the left. The Utilization Review Determination on 11/12/2014 non-certified EMG/NCV of the bilateral upper extremities modified for certification of NERVE CONDUCTION VELOCITY only, citing MTUS, ACOEM, ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, page 178 regarding neck and upper back complaints.

**Decision rationale:** Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain without specific consistent myotomal or dermatomal correlation to support for electrodiagnostics for a patient s/p chronic injury of 1998 without any report of new injury, acute flare-up, or red-flag conditions. The EMG/NCV of the bilateral upper extremities is not medically necessary and appropriate.