

<b>Case Number:</b>	CM14-0208701		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/30/2010
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Rehab, 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 43 year old female with the injury date of 04/30/10. Per physician's report 10/28/14, the patient has neck pain and right shoulder pain at 8/10. The patient has severe numbness and weakness in both of her hands. Her pain makes it difficult for her to perform her daily activities such as cleaning, cooking or dressing. The patient experiences headaches. The patient is currently working with restrictions. The patient had injections and her headaches have been less frequent, less than 3 episodes in the last 30 days. Her cervical flexion is 45 degrees, extension is 45 degrees, lateral tilt is 30 degrees bilaterally and rotation is 60 degrees bilaterally. The lists of diagnoses are: 1) Degeneration of cervical intervertebral disc 2) Cervical disc displacement 3) Cervical radiculitis. Per 11/20/13 progress report, the patient has neck pain and lower back pain. Physical examination reveals 1) positive axial loading compression test 2) extension of symptomatology in the upper extremities with generalized weakness and numbness in the bilateral arms and hands 3) positive spurling's maneuver 4) dysesthesia at L5-S1 dermatomes. MRI of the cervical spine 02/05/14 reveals 1) 3-4mm posterior C5-6 disc protrusion 2) 1-2 mm posterior C2-3, C3-4, C4-5, C7-T1 disc bulges 3) 2-3mm posterior C6-7 disc protrusion. The utilization review determination being challenged is dated on 11/20/14. Two treatment reports were provided on 11/20/13 and 10/28/14.

### 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.

**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:** The patient presents with pain and weakness in her neck, right shoulder and upper extremities. The request is for EMG/NCV of the bilateral upper extremities. The patient had EMG/NCV of the upper extremities on 03/13/14 which revealed 1) normal EMG of the upper extremities 2) moderate/severe left median sensory neuropathy at the wrist 3) mild left motor neuropathy at the wrist 4) mild right ulnar motor neuropathy at the elbow. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities (NCV) and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. ACOEM guidelines Ch11 page 262 states that "tests may be repeated later in the course of treatment if symptoms persist." In this case, the patient already had a set of EMG/NCV studies of the upper extremities was conducted on 03/13/14. The treater does not explain why another set of studies are needed. There is no new injury and no significant progression of neurologic findings, and no new symptoms. Repeat study does not appear indicated. The request is not medically necessary.