

<b>Case Number:</b>	CM14-0022002		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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: Arizona, California

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:

The injured worker is a 35 year old male, who sustained an industrial injury on 8-10-2012. Medical records indicate the worker is undergoing treatment for cervical spine sprain-strain and right shoulder sprain-strain. A recent progress report dated 1-10-2014, reported the injured worker complained of neck pain radiating to the right upper extremity and right shoulder pain, rated 4 out of 10. Physical examination revealed cervical spine tightness, tenderness and spasm, tenderness to palpation cervical 3-7 facet joints and right shoulder reduced range of motion with positive impingement sign. Treatment to date has included physical therapy and medication management. The physician is requesting cervical magnetic resonance imaging, right upper extremity nerve conduction study (NCS) and electromyography (EMG). On 1-23-2014, the Utilization Review noncertified the request for cervical magnetic resonance imaging, right upper extremity nerve conduction study (NCS) and electromyography (EMG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) Of The Right Upper Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An EMG is also recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, there is evidence of radiculopathy on exam. MRI imaging has been requested. If there is a discrepancy in the imaging and exam findings then an EMG would be appropriate. At this point and EMG is not medically necessary.

**Magnetic Resonance Imaging (MRI) Of the Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Guidelines Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. In this case there are radicular symptoms and a herniated nucleus pulposus is a consideration. Surgery would be considered based on findings. The request for an MRI of the cervical spine is not medically necessary.

**Nerve Conduction Velocity (NCV): Right Upper Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, there is evidence of radiculopathy on exam. MRI imaging has been requested. If there is a discrepancy in the imaging and exam findings then an EMG would be appropriate and therefore an NCV. At this point, an NCV is not medically necessary since the MRI is unavailable.