

<b>Case Number:</b>	CM15-0106208		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 (IW) is a 54 year old female who sustained an industrial injury on 09/02/2011. The initial report of injury is not found in the records submitted. The injured worker was diagnosed as having cervical strain, headaches; shoulder tendinitis; depression; and status post knee arthroscopic surgery (05/10/2013). Treatment to date has included medications and treatment with a pain management specialist, and on 04/23/2015, a cervical epidural injection, and Epidurography. Currently, the injured worker complains of headaches, neck pain, and numbness of the arms, stiffness, and mild spasms. She wears a brace on her right wrist and forearm and uses a cane. On examination she does have weakness in gripping and some weakness in the reflexes. Her medications include Tramadol and Amitriptyline. The treatment plan is to order MRI of the cervical spine, order a new cane and a brace for the right knee, and submit a requisition for an electromyography/nerve conduction velocity (EMG/NCV) of the bilateral upper extremities.

### 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 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

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

**Decision rationale:** The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, although there are subjective complaints of neurological compromise, there is no corroborating objective evidence on exam. The request for EMG/NCV of the bilateral upper extremities is not medically necessary.