

<b>Case Number:</b>	CM15-0107780		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	07/17/1998
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 64 year old with an industrial injury date of 07/07/1998. The mechanism of injury is documented as a fall of approximately 18 feet. His diagnoses included cervical spondylosis, degeneration of cervical intervertebral disc, lumbar spondylosis, lumbar radiculopathy, cervical disc displacement, cervical radiculopathy, lumbago and cervicgia. Prior treatments included surgery, referral to urologist and gastroenterologist and medications. He presented on 05/14/2015 for pain management. He was continuing on Oxycodone 30 mg four times a day. He states the Oxycodone is not lasting very long. He has difficulty with activities of daily living. Physical exam noted pain with flexion and extension. Spurling's was positive. Motor evaluation was normal. Reflexes are diminished in the upper extremities. Tinel's was positive at the elbow and wrist. Sensory examination was diminished in the cervical 5-6 distribution and mildly in cervical 7. Treatment plan included to continue Oxycodone, EMG/nerve conduction study of upper extremities, and lab tests. The request for one (1) blood and liver function test and Oxycontin 60 mg #60 were conditionally non-certified. The request for review is for EMG/NCS 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/NCS of the bilateral upper extremities:** 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, Chapter 12 Low Back Complaints Page(s): 178-179, 182; 303-304.

**Decision rationale:** According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). There is no documentation of change in the patient condition or no response to therapy. The patient seems to have a stable cervical radiculopathy and entrapment neuropathy and the need for EMG/NCV is unclear. There is no documentation of significant change in the patient condition. Therefore, the request for EMG/NCS of the bilateral upper extremities is not medically necessary