

<b>Case Number:</b>	CM15-0143673		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	02/12/2015
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 62-year-old male who sustained an industrial motor vehicle accident injury to his head with loss of consciousness and multiple body parts on 02-12-2015. The injured worker was diagnosed with traumatic brain injury, closed head injury, cervical spine multi-level disc bulges, lumbar spine sprain and strain with left lower extremity radiculopathy, left shoulder sprain and strain with rotator cuff tear, acromioclavicular osteoarthritis and right shoulder sprain and strain. Treatment to date has included diagnostic testing with recent electroencephalogram (EEG) on June 6, 2015, lumbar, cervical, left shoulder and brain magnetic resonance imaging (MRI)s in April 2015, acupuncture therapy, chiropractic therapy, psychological evaluation, physical therapy and medications. According to the primary treating physician's progress report on May 22, 2015, the injured worker continues to experience neck pain with numbness, tingling and weakness radiating to the shoulders rated as 7-8 out of 10 on the pain scale, low back pain with numbness and tingling radiating to the buttock, thigh and left leg rated as 7-8 out of 10 on the pain scale and temporal headaches. Examination demonstrated tenderness to palpation of the cervical spine and upper trapezius muscles with spasm. No trigger points were evident. Cervical compression test was positive and Spurling's test was negative. Bilateral upper extremity deep tendon reflexes and sensation were within normal limits. Motor strength was decreased to 5 minus out of 5 in the left deltoid and biceps otherwise intact bilaterally. Tenderness to palpation along the acromioclavicular joint, biceps tendon groove, supraspinatus deltoid complex and rotator cuff on the right was present. The right shoulder is elevated. Impingement test and drop arm test was positive on the left with limited range of motion. Glenohumeral labral testing for instability was negative bilaterally. The lower back

examination noted tenderness to palpation of the paravertebral muscles and sacroiliac joints with spasm and difficulty with left toe and heel walking. Motor strength was decreased with noted decrease in sensation in the left lateral thigh and positive straight leg raise on the left. Current medications are listed as Ultram, Naprosyn and topical analgesics. The injured worker is on temporary total disability (TTD). Treatment plan consists of continuing chiropractic therapy, medications as prescribed and the current request for Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies 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 left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

**Decision rationale:** Regarding the request for EMG, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent clinical findings identifying subtle focal neurologic deficits in a nerve or nerve root distribution. In the absence of such documentation, the currently requested EMG is not medically necessary.

**NCV left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

**Decision rationale:** Regarding the request for NCV, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent clinical findings identifying subtle focal neurologic deficits in a nerve or nerve root distribution. In the absence of such documentation, the currently requested NCV is not medically necessary.

**NCV right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

**Decision rationale:** Regarding the request for NCV, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent clinical findings identifying subtle focal neurologic deficits in a nerve or nerve root distribution. In the absence of such documentation, the currently requested NCV is not medically necessary.

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

**Decision rationale:** Regarding the request for EMG, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent clinical findings identifying subtle focal neurologic deficits in a nerve or nerve root distribution. In the absence of such documentation, the currently requested EMG is not medically necessary.