Case Number:	CM15-0167578		
Date Assigned:	09/08/2015	**Date of Injury:**	11/26/2012
Decision Date:	10/21/2015	**UR Denial Date:**	08/14/2015
Priority:	Standard	**Application Received:**	08/25/2015

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 York
Certification(s)/Specialty: Anesthesiology

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 40 year old male who sustained an injury on 11-26-12 resulting while using a 7 inch vibrating saw to trim cement boxes repeatedly at work. He developed pain in his upper extremities, shoulder and neck while performing his work duties. 3/31/15 QME reports symptoms to his neck, bilateral shoulders, arms, elbows, forearms, wrists and hands. An electromyogram and nerve conduction study was completed in November 2012 and he was diagnosed with bilateral carpal tunnel syndrome. Right carpal tunnel release surgery was performed in 2013 and left carpal tunnel release in February 2014. Diagnoses include resolved cervical strain and sprain; status post bilateral carpal tunnel release, resolving; impingement syndrome, bilateral shoulders, resolve; bilateral elbow tendinitis, resolved. The recommendation included chiropractic treatment, physical therapy, and acupuncture and if he has significant symptomatology that may progress - he may require MRI's of the cervical spine and or shoulder including Electrodiagnostic studies of both upper extremities. The PR2 on 6-2-15 report he has complaints of pain in both hand and forearms; denies any numbness. The request for electromyogram and nerve conduction studies of the bilateral upper extremities was included in the report. 7-13-15 Pain Management evaluation states he has increased pain in right arm. The pain is rated 10 out of 10 without medications and 7 out of 10 with medication. Diagnoses include cervicalgia; cervical radiculopathy; anxiety; depression; bilateral carpal tunnel syndrome status post-surgery; hand pain. The treatment plan was to continue with Naproxen 500 m50 for inflammation and pain relief; Omeprazole 20 mg and Gabapentin 600 mg for nerve-type pain. Recommended repeat cervical epidural steroid injection; continue with psych for cognitive behavioral therapy and neurology evaluation. MRI cervical spine performed on 7-14-15. 8-10-15 Pain Management Re-evaluation reports the IW has continued neck pain, worse on the left side,

worse when sitting for any prolonged period of time and the pain is rated 8 out of 10 without medication and 5 out of 10 with medications. Spurling's test was positive in bilateral shoulders; weakness noted in bilateral grip; tenderness to palpation over the cervical paraspinal muscles; upper trapezius muscle and scapular border. Results from the electromyogram and nerve conduction study were mild right carpal tunnel syndrome and bilateral C5-C6 chronic cervical radiculopathy. Medications include Naproxen 550 mg; Omeprazole 20 mg and Gabapentin 600 mg. Current requested treatments EMG right upper extremity; EMG left upper extremity; NCV right upper extremity; NCV left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG Testing.

Decision rationale: There is no documentation provided necessitating EMG testing of the right upper extremity. ODG states that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies (NCVs) are 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. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, the patient underwent EMG testing of the right upper extremity on 07/13/15, which demonstrated mild right carpal tunnel syndrome and bilateral C5-C6 chronic cervical radiculopathy. The patient had undergone right carpal tunnel release surgery in 2013 and prior left carpal tunnel release as well. There is no indication for repeat EMG testing at this time. Medical necessity of this testing has not been established. The requested testing is not medically necessary.

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG Testing.

Decision rationale: There is no documentation provided necessitating EMG testing of the left upper extremity. ODG states that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies (NCVs) are 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. There is minimal justification for

performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, the patient underwent EMG testing of the right upper extremity on 07/13/15, which demonstrated mild left carpal tunnel syndrome and bilateral C5-C6 chronic cervical radiculopathy. The patient had undergone left carpal tunnel release in 2014. There is no indication for repeat EMG testing at this time. Medical necessity of this testing has not been established. The requested testing is not medically necessary.

NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocities (NCV).

Decision rationale: The request for diagnostic test NCV for the right upper extremity is not medically necessary. According to the California MTUS/ACOEM Guidelines, electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are 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. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, the patient underwent NCV testing of the right upper extremity on 07/13/15, which demonstrated mild right carpal tunnel syndrome and bilateral C5-C6 chronic cervical radiculopathy. The patient had undergone right carpal tunnel release surgery in 2013 and prior left carpal tunnel release as well. There is no indication for repeat NCV testing at this time. Medical necessity of this testing has not been established. The requested testing is not medically necessary.

NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocities (NCV).

Decision rationale: The request for diagnostic test NCV for the left upper extremity is not medically necessary. According to the California MTUS/ACOEM Guidelines, electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are 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. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, the patient underwent NCV testing of the right upper extremity on 07/13/15, which demonstrated mild right carpal tunnel syndrome and bilateral C5-C6 chronic cervical radiculopathy. The patient had

undergone right carpal tunnel release surgery in 2013 and prior left carpal tunnel release in 2014. There is no indication for repeat NCV testing at this time. Medical necessity of this testing has not been established. The requested testing is not medically necessary.