Case Number:	CM15-0167751		
Date Assigned:	09/08/2015	**Date of Injury:**	11/17/2006
Decision Date:	10/13/2015	**UR Denial Date:**	08/20/2015
Priority:	Standard	**Application Received:**	08/26/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 43-year-old male, who sustained an industrial injury on 11/17/06. The injured worker has complaints of low back, neck and right arm pain. The documentation noted right upper extremities C5, 6 muscles are weak. The diagnoses have included carpal tunnel syndrome. Treatment to date has included norco; motrin; flexeril and home exercise program. The request was for electromyography and nerve conduction study of the bilateral upper extremities. Several of the documents submitted for review were difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography and Nerve Conduction Studies of the bilateral upper extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Compensation Online Edition 2015 Neck and Upper Back Chapter (Acute & Chronic); ODG Forearm, Wrist, and Hand Chapter (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. 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. Per MTUS ACOEM p182, with regard to the detection of neurologic abnormalities, EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent is not recommended. Per the medical records, the injured worker is diagnosed with carpal tunnel syndrome and lumbago. The history is significant for artificial disc level fusion anterior L4-L5 and L5-S1. Cervical MRI dated 4/14/08 demonstrated mild bulging at C4-C5, C5-C6, and C6-C7 without evidence of central or foraminal stenosis. Physical exam dated 6/10/15 revealed weakness in the C5 and C6 myotomes, mildly positive Lhermitte's sign, and intact sensation. There is a lack of neurological findings and interval change to support electrodiagnostic study. The request is not medically necessary.